

SAINT AGNES S C H O O L

Parent/Guardian Trip Permission/Emergency Information/Informed Consent Form

Trip Information

I hereby request that my child be allowed to participate in the trip described herein and give my permission for _____

Name of participant

to participate in a trip to _____

Destination

on _____ from _____ to _____

Date

Time departs

Time returns

Items to bring _____

Staff contact: _____ Phone#: _____

Transportation for this activity will be provided by:

- Bus
- Private vehicles
- Walking
- Other: (specify) _____

Food will be provided at/by: _____

I received a detailed itinerary of the trip. Yes No

I received a list of things participant should/should not bring. Yes No

Please return this form to the office along with _____

Medical/emergency information

Participant's home phone #: _____ Date of birth: _____

Participant's address: _____

Family physician: _____ Phone #: _____

Does participant have any medical or physical condition, medication information, or allergies which could interfere with participant's safety? Yes No

If yes, please describe _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____

Phone#: _____ Alternate phone #: _____

Informed consent

As the parent/guardian of the above named minor, I have read the trip itinerary and I understand that there are risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named minor. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the sponsor staff-in-charge to obtain emergency care for my child, neither he/she nor the sponsor assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the mission of the sponsor program and participant's conduct is to be in accordance with the sponsor's rules and regulations.

Signature of parent/guardian _____ *Date*

Printed name of parent/guardian

Parent/guardian work phone _____ *Home phone #* _____ *Cell phone #*

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my parish/diocese. I understand that the rules of conduct apply while on the trip.

Signature of participant _____ *Date*