



JUDGE MEMORIAL CATHOLIC HIGH SCHOOL

A Diverse, Catholic, College Preparatory High School

Judge Memorial Catholic High School • LLC Series #107 • 650 South 1100 East, SLC 84102 • 801.363.8895
www.judgememorial.com

Field Trip Parent Release Form without transportation

This is to inform you that your son/daughter is scheduled for a trip sponsored by the school. Judge Memorial **will not be providing transportation for this trip**, therefore your student will be responsible for obtaining their own transportation to and from the event listed below. You are asked to either permit or deny your student's participation and sign below where indicated, regardless of your response. Per Diocesan Policy, students are not permitted to drive each other.

I do / I do not consent to my son/daughter taking the trip as listed below (please circle one response).

Student Name _____

To: _____

For: _____ Date: _____

I expressly relieve, indemnify, save and hold harmless Judge Memorial Catholic High School the Judge Memorial Financial Trustees, and all agents or employees thereof from and against any and all liability or claims arising from injury or damage to person(s) or property(s) or both caused by or resulting from my child's acts, omissions or conduct while on said trip. I also release and relieve the aforementioned school, diocese and personnel from any and all liability or claims arising from injury or damage of any person other than the negligence of said district or personnel.

Parent/Guardian Signature _____ Date _____

Phone Number(s) where parent/guardian can be reached. _____

----- EMERGENCY CARE INFORMATION AND AUTHORIZATION -----

Please use the reverse as needed to provide any additional information.

List two local relatives, neighbors, or friends to who you delegate full authority and temporary care of your child if you cannot be reached immediately.

Name _____ Relationship to Student _____

Work/Cell Phone _____ Home Phone _____

Name _____ Relationship to Student _____

Work/Cell Phone _____ Home Phone _____

Please list medication allergies your student has: _____

List all medication your student is currently taking: _____

I authorize the school to seek and authorize medical aid in case of emergency (i.e.) an ambulance, paramedics, fire department, medical treatment, hospital admission, etc.)

The school does not assume any responsibility in the above emergency procedure used and does not assume payment for the measures taken.

Parent/Guardian Signature _____ Date _____