

Our Mother of Perpetual Help School

PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION

Dear Parent / Legal Guardian:

On (Date) _____ your child will be eligible to participate in a school-sponsored activity requiring transportation to (Destination) Dutch Lanes, 4311 Oregon Pike, Ephrata, Pa
Under the supervision and guidance of (Teacher) _____ and designated employees/volunteers of Our Mother of Perpetual Help School.

TIME OF DEPARTURE _____ ANTICIPATED TIME OF RETURN _____
METHOD OF TRANSPORTATION School Bus

** A field trip may be canceled at any time due to safety and security concerns. Refunds are not guaranteed (if applicable).*
If you would like your child to participate in this event, please complete, sign and return the following statement of consent and waiver of liability.

CONSENT AND WAIVER

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated date. I further consent to the conditions stated above on participation in this event, including the method of transportation. I hereby agree, on behalf of the named student and his/her other parent/legal guardian, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents of employees) which may arise from the participation of the named student in the above described event.

Parent's/Legal Guardian's Name
(print)

Parent's/Legal Guardian's Signature

Date

MEDICAL INSTRUCTIONS AND RELEASE FORM

Name _____ Grade _____
(For emergency) Home Phone _____ Work Phone _____
Parents' Cell Phone Numbers _____ (Mother) _____ (Father)

In case of an emergency, we need the following information:

1. Description of known illnesses, allergies, etc. _____
2. Course of action to be taken in regard to the above in the event of an emergency _____

In case of an emergency, I grant permission for my child to be treated at the nearest hospital. I also realize that if any medication other than the regular first aid kit is necessary, it is my responsibility to send it to my child's teacher along with instructions and written permission for its administration.

Parent's/Legal Guardian's Signature

Date

Please note the checked items necessary for this trip:

_____ Lunch (from home) _____ Money for lunch/other

\$ _____ For Admission

Because of the nature of this trip your child will be required to wear:

_____ school uniform _____ sneakers _____ presentable play clothes (NO shorts)

Chaperons

We have room for _____ chaperons. Those who indicate a desire to accompany us on our trip, please sign. I would like to chaperon. _____

Parent's/Legal Guardian's Signature