

PARENT PERMISSION FORM FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Queen of Apostles Catholic School. A brief description of the activity follows:

Curriculum Goal: \_\_\_\_\_

Destination: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Anticipated Time of Return: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Student Cost: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to "opt out of any field trip planned for their children. It should also be understood, in light of world conditions and specifically, threats of terrorism to Americans, it may be necessary to cancel any school-sponsored trip due to world and national developments. If further restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

1. Is your child required to take any medication during the field trip? \_\_\_\_\_ (Y or N)
2. If so, what medication? \_\_\_\_\_
3. Do you request the designated supervisor of activity to administer the medication stated above on this field trip? \_\_\_\_\_ (Y or N)
4. Do you wish your child to take his/her inhaler \_\_\_ or Epi-pen \_\_\_ or Glucagon Emergency Kit ) on the trip?

I hereby request that my child, \_\_\_\_\_, be allowed to participate 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 dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Parent's Signature

I accept responsibility for my behavior:

\_\_\_\_\_  
Signature of Student

Emergency Contact Person (Please Print) \_\_\_\_\_ Emergency Ph # \_\_\_\_\_

Student's Current Medical Problem \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

Allergy to Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Chaperones should take a copy of this form on the school-sponsored trip.