

DIOCESE OF ORLANDO FIELD TRIP

PERMISSION FORM AND RELEASE OF

LIABILITY FOR ST. MARY MAGDALEN EARLY LEARNING CENTER

I am the parent of _____, and give my permission for my child to travel by bus to attend the School Age Summer Day Camp field trips from June 9,2014 through August 8,2014

I acknowledge that St. Mary Magdalen Early Learning Center is responsible for transportation only from the Child Center to the event and that I must bring my child to the Child Center and pick up my child from the Child Center. I also understand that my child must comply with the field trip rules and procedures. By granting this permission, I waive any claims against, and release and hold harmless, St. Mary Magdalen Early Learning Center and the Diocese of Orlando, and any of their religious, employees, volunteers, agents, and representatives, from any harm that occurs to my child while participating in the field trip.

In the event my child requires medical treatment or transportation for medical care, St. Mary Magdalen Early Learning Center will attempt to contact me at the number(s) listed below. IF they are unable to reach me they may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to contact the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician office, or to call an emergency paramedic ambulance service.

Parents/Guardian's Signature _____ Date _____

Print Name

Emergency Contact (Print Name)

Phone Numbers:

Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

My child is covered by the following medical insurance:

Insurance Co. Name _____ Group # _____

Allergies: _____

Chronic/Acute Illnesses: _____

Grade child/children are going into in the fall:

Name

Grade

Date of Birth
