

**St. Agnes Religious Education Permission Form**

**God Of This City Tour**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My son/daughter has my permission to participate in a field trip on Monday, Dec. 1<sup>st</sup>, *God of This City Tour* – at St. Maria Goretti, 112 Chestnut Street, Lynnfield, MA. I am parent/guardian authorized to sign this form. I understand that my child and I assume all risk of injury to person or property resulting from, caused by or connected with, any and all activities of this program/activity. In case of medical emergency, I understand that every effort will be made to contact me or the emergency contact person. In the event that I cannot be reached, I give permission for my child to be evaluated, diagnosed, treated and/or medicated by licensed medical personnel. In addition, I give permission for the release of any medical information that I have provided to the St. Agnes Parish Religious Education Program on the registration form in the event of an emergency.

I individually, and as a parent or guardian of my child, for ourselves and for our heirs, executors and administrators, waive and release any and all rights and claims for damages which my child, and I on my child’s behalf, may have against St. Agnes Parish, the Archdiocese of Boston, its agents, servants and employees, and I hereby waive all claims for all injuries suffered by my child.

I have read the above and understand the same. My signature confirms my acceptance of these terms.

Home phone: \_\_\_\_\_

Cell number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

Bus Departure from St. Agnes’ Parish – Front of Church 6:30 PM

Bus Arrival to St. Agnes’ Parish – From St. Maria Goretti 9:30 PM.

**Contact – Paula Colpitts 978-210-7519 – in case of emergencies or for more information**