

ARCHDIOCESE OF CINCINNATI
FIELD TRIP/ACTIVITY PERMISSION FORM

Date: _____

Teacher (s) in charge of trip: _____ on _____ to _____

Educational Objective: _____

The cost of the trip for students is \$ _____ *Please make checks payable to St. Peter in Chains.*

Time: **from:** _____ **to:** _____ **Grades:** _____

Chaperones will not be needed for this trip _____ Chaperones will be needed _____

Chaperones will ride the bus _____ Chaperones will provide own transportation _____

Permission slip is due on or before _____

Special instructions:

(Please keep the top portion for your records)



I hereby give my permission for _____ (Grade) to attend the trip to _____:

Child's Medical Information

Medical Restrictions/Allergies: _____

Necessary prescriptions: _____

Food Restrictions: _____

Parent/Guardian's Name: _____

Emergency Contact Phone Number: _____

I agree to authorize the school authorities to treat minor students in the event that I cannot be reached in an emergency. I hereby permit the concerned school authorities to call 911 and/or to contact a medical facility or physician selected by the school to provide proper treatment to the above named student. I will be responsible for all expenses arising in association with such treatment.

Prescription or Over-the-counter Medication - I certify that I have in my file in the school office, a current profile enlisting necessary medication that the above named student must take.

Acknowledgment of Notification Regarding Risk hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of 'high risk' to the participants.

Indemnity and Waiver of Claim, the undersigned, parent/legal guardian of above named student, hereby agree to indemnify and hold harmless the school, its employees, volunteers, the school district, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Signature of Parent/Legal Guardian _____ Date _____

If necessary, I will be able to chaperone ____YES ____NO

I have completed the Decree on Child Protection Class ____YES ____NO

I have been fingerprinted in accordance with the Decree on Child Protection ____Yes ____NO

GUIDELINES FOR CHAPERONES FOR SCHOOL TRIPS

Parents who agree to be chaperones for any school field trip must understand the serious nature of this responsibility. They are agreeing to share the responsibility of supervision for those students who are assigned to their group with that of the teacher. This means that they are committing to give their undivided attention to ensuring the safety and well-being of their assigned group to the best of their ability. **Therefore parents are asked not to bring younger siblings on field trips.**

This agreement also carries legal liability in the event of carelessness or negligence on their part during the execution of their duties.

Buses will be the only form of transportation used for school events.

8/11/15