

FIELD TRIP PERMISSION FOR OVERNIGHT TRIPS

Catholic Schools Office Archdiocese of Galveston-Houston

STUDENT: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ AGE: _____ GENDER: _____

FATHER/GUARDIAN NAME: _____ MOTHER/GUARDIAN NAME: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

CELL PHONE: _____ CELL PHONE: _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

LIST PERSONS TO BE CONTACTED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED

EMERGENCY CONTACTS

NAME: _____

PHONE: _____

EMAIL: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

EMAIL: _____

RELATIONSHIP: _____

PARENTAL/GUARDIAN CONSENT

I, _____ request and grant permission for my child to participate in the event/activity to
Parent/Guardian

be held _____, _____ TO _____, _____ at
Date Time (AM/PM) Date Time (AM/PM)

Location

Mode of Transportation:

☐ Bus service ☐ Airplane ☐ Rental vehicle ☐ Train ☐ Parent vehicle ☐ Other: _____

I/We agree to indemnify and hold harmless the Archdiocese of Galveston-Houston, Daniel Cardinal DiNardo, the sponsoring school, its agents, servants and employees from and against any and all losses, costs and expenses including, but not limited to, attorney's fees, damages and expenses in connection with claims for damage as result of injury, disability or death of any person or damages to property sustained by our child. In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Parent/Guardian signature: _____ Date: _____

STUDENT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parents' expense.

Student signature: _____ Date: _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my child's picture to be used for promotional materials (newsletter, web page, calendars, PowerPoint, video, etc.) in highlighting the event.

Parent/Guardian signature: _____ Date: _____

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MEDICAL INFORMATION

PHYSICIAN NAME: _____ PHONE: _____

INSURANCE CARRIER: _____ POLICY #: _____ GROUP#: _____

☐ I do not carry medical insurance at this time.

MEDICAL CONDITIONS INFORMATION

My son/daughter has:

- ❖ Had episodes or been diagnosed with: ☐ Seizures ☐ Asthma ☐ Diabetes ☐ Other: _____
- ❖ Allergic reactions to the following (foods, dyes, latex etc.) _____
- ❖ Had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No
- ❖ A medically prescribed diet? _____
- ❖ The following physical limitations? _____
- ❖ Immunizations current and up to date: ☐ Yes ☐ No
- ❖ Any specific medical conditions (e.g. Depression, anxiety, etc.): _____

MEDICATIONS

The parent will provide the school nurse or school designee prior to the event/activity with all properly labeled medications along with the proper **Medication Permission Form** signed by a physician indicating dosage, frequency, and route. This will include all prescription and non-prescription medication. No medication in unlabeled containers or baggies will be accepted. The school will follow their medications policy on all school event/activities. The principal will authorize a school personnel designee to carry and administer the student medication. A student shall not carry any medication, prescribed or non-prescribed, unless otherwise specified by a physician Individualized Healthcare Plan and the school has had a prior health meeting.

SUNSCREEN AND INSECT REPELLENT

- | | | |
|----------------------------------------------------------|------------------------------------|-------------------------------------------|
| My child will be carrying in his/her bag (please check): | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Insect Repellent |
| My child may self-administer Sunscreen? | <input type="checkbox"/> YES | <input type="checkbox"/> NO needs support |
| My child may self-administer Insect Repellent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO needs support |

EMERGENCY MEDICAL TREATMENT

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I understand in the event it comes to the attention of the personnel that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea the parent(s)/guardian(s) will be contacted. If the parent(s)/guardian(s) are unable to be reached, then the listed emergency contacts will be contacted. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

I do hereby release, hold harmless and indemnify the Most Reverend Daniel Cardinal DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, the school and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

MEDICATIONS

I hereby request that the medication specified by the prescribing physician to be given to the above named student. I understand that the school personnel who give the medication may not be a medically trained person. I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Archdiocese of Galveston-Houston, its servants, agents, and employees including, but not limited to the parish, the school, the principal, and the individuals giving the medication of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Archdiocese of Galveston-Houston, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Parent/Guardian signature: _____ Date: _____