

# FIELD TRIP PERMISSION FOR OVERNIGHT TRIPS

Catholic Schools Office

2025-2026 School Year

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 CAN NOT BE REACHED

### EMERGENCY CONTACTS

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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, Joe. S. Vasquez, the sponsoring school, its agents, servants, and employees from and against all losses, costs, and expenses including, but not limited to, attorneys' fees, damages, and expenses in connection with claims for damage as a 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 parent's expense.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VIDEO/PHOTOGRAPHY CONSENT

As a 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 currently.

## 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 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: ☐ 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 its medication policy on all school events/activities. The principal will authorize a school personnel designee to carry and administer the student's 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, that 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, and 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 Joe S. Vasquez, 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 be given to the above-named student. I understand that the school personnel who give the medication may not be 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 an agreement by the school gives adequate consideration to 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 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: \_\_\_\_\_