



## Archdiocese of San Antonio Field Trip Form

Your son/daughter, \_\_\_\_\_ is eligible to participate in a school sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from St. Luke Catholic School.

Description of Activity: Bus Trips for School Athletics and Field Trips..

Mode(s) of Transportation: BUS

In consideration for my child's participation in this trip, I/we hereby release, save harmless and indemnify St. Luke Catholic School, its agents, employees and volunteers from any and all liability for ordinary negligence causing any and all injury that my child may sustain during participation in, or as a result of, this trip. I give permission for my child to receive emergency medical treatment. Furthermore, I understand and support the fact that my child must comply with the directions given by the school to the group involved in this activity. In order for my child to go on this field trip, he/she must have all assignments up to date and have acceptable behavior prior to the field trip.

\_\_\_\_\_  
*(initial)* I/we hereby consent to participation by my above named child, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child would be participating in. I further understand that I had the opportunity to fully discuss the above named activity and the agreement with a representative of the school to clarify any concerns or questions about the activity or this agreement that I may have had. *School policy, as stated in the Parent & Student Handbook, "no siblings may accompany a parent or chaperone on a field trip."*

**Emergency Medical Treatment:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Please furnish medical information about your child which may be pertinent to his or her participation in the above identified activity: \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Guardian)

Teacher\_Coach Loza

Printed Name \_\_\_\_\_  
(Parent/Guardian)

Principal\_Nadine Buhrman

Date \_\_\_\_\_

Work Phone Number \_\_\_\_\_  
(Parent/Guardian)

Cell Phone Number \_\_\_\_\_  
(Parent/Guardian)