

DIOCESE OF ORLANDO FIELD TRIP PERMISSION FORM AND RELEASE OF LIABILITY FOR (inset name of SCHOOL/PARISH)

I am the parent/guardian of _____, and give my permission for my child to travel in _____ (MODE OF TRANSPORTATION) to attend the field trip to _____ ("the event") on _____ (DATE). I acknowledge that the (SCHOOL/PARISH) is responsible for transportation only from the Church's property to the event, and that I must bring my child to the (SCHOOL/PARISH) and pick my child up after the event. My child also must comply with the (SCHOOL'S/PARISH'S) field trip rules and procedures. By granting this permission, I also waive any claims against, and release and hold harmless, (SCHOOL/PARISH), the Diocese of Orlando, and any of their religious, employees, volunteers, agents, and representatives, from any harm that occurs to my child while participating in the field trip.

In the event my child requires medical treatment or transportation for medical care, (SCHOOL/PARISH) will attempt to contact me at the number(s) listed below. If they are unable to reach me, (SCHOOL/PARISH) may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian (Print Name)

Emergency contact (Print Name)

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

My Child is covered by the following medical insurance:

Insurance Co. Name: _____ Group # _____

Allergies: _____ Chronic/Acute Illnesses: _____