



PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Annunciation B.V.M. School. A brief description of the activity follows:

Name of Event:

Destination:

Date and Time of Departure:

Time of Return:

Designated Supervisor of Activity:

Method of Transportation:

Cost:

- You must bring a packed lunch.

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and waiver of liability and emergency contact information on the reverse side.

My child has special medical concerns: Yes___ No___ (If yes, please describe – over ...)

CONSENT AND WAVIER

I hereby request the participation of my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated date(s). I further consent to the conditions stated above, including the method of transportation. I understand that only pre-selected chaperones may attend this field trip and that due to liability reasons, additional chaperones are not permitted to join the class at the location of the field trip.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims of liability against Annunciation B.V.M. School, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

(Print Parent's Name)

(Parent's Signature)

(Date)

PLEASE RETURN THIS ENTIRE FORM BY: Tuesday, May 31, 2011 (OVER ...)

STUDENT EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT ATTENDING THE TRIP):

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER(S) WHERE CONTACT PERSON CAN BE REACHED ON THE DAY OF THE TRIP:

MEDICAL CONCERNS: _____

(updated 4/07)



CHAPERONE AGREEMENT AND EMERGENCY CONTACT INFORMATION

CHAPERONE NAME: _____

CHAPERONE'S CELL PHONE #: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT ATTENDING THE TRIP):

RELATIONSHIP TO CHAPERONE: _____

PHONE NUMBER(S) WHERE CONTACT PERSON CAN BE REACHED ON THE DAY OF THE TRIP:

MEDICAL CONCERNS: _____

As a chaperone, I understand that I must maintain responsible behavior while on the field trip, and assist the teachers in keeping the children safe. I agree that I am 21 years of age or older. I understand that no alcoholic beverages are to be consumed at any time on the field trip.

Signature

Print Name

Date