

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION (SIDE 1)

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate *in* our Parish/School-sponsored activity requiring transportation to a location away from the Parish/School premises. A brief description of the activity follows:

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date/Time of Departure: _____

Date/Anticipated Time of Return: _____

Method of Transportation: _____

Student Cost: _____

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Winona, Minnesota and the _____ (Name of Parish/School), its agents, employees and officers and the chaperones, leaders, organizers and sponsors and persons transporting our child to and/or from these activities.

I hereby consent to participation by my child, _____ in the event described above. I further consent to the conditions' stated above on participation in this event, including the method of transportation.

In the event of an emergency and I/we cannot be contacted, I/we hereby authorize that emergency treatment may be administered.

The following are special circumstances regarding my child you should be aware of:

Date: _____ **Parent/Guardian Signature:** _____

MEDICAL CONSENT FORM (SIDE 2)

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment.
I wish to be advised prior to any treatment by the hospital.

Parent (s) Name: _____ Child Name: _____ Age: _____

Address: _____

Signature: _____ Phone #: _____

In the event of an emergency, and you are unable to reach me at the numbers on side 1, please contact:

First Contact: _____ Phone: _____

Relationship: _____

In the event of an emergency, and you are unable to reach me at the numbers on side 1, please contact:

Second Contact: _____ Phone: _____

Relationship: _____

GENERAL MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Specific Allergic Reactions (medications, foods, plants, insects, etc...):

Date of Last Tetanus: _____

Any special medical conditions we should be aware of (chronic illnesses, physical limitations, medically prescribed diet, recently exposed to contagious diseases such as mumps, measles, chicken pox, etc.):

Medications (current or ongoing*): _____

*For day-long or overnight activities, please label your child's medication and include concise directions for amount and frequency of dosage. Then insure that this medication is turned in to the activity coordinator.

Please sign below IF you grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, Tylenol, etc.) to be given to your child, if deemed appropriate.

Signature: _____ Date: _____

DRIVER INFORMATION SHEET

DRIVER

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Phone # _____
Driver's License # _____ Date of Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
_____ Year of Vehicle _____
License Plate # _____ Date of Expiration _____
Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____
Policy # _____
Date of Policy Expiration _____
Liability Limits of Policy* _____

*Please note: The minimal, acceptable liability limit for privately owned vehicle is \$100,000/\$300,000.

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature _____ Date _____