

PARENTAL REQUEST FOR PRE-K – GRADE 8 SCHOOL FIELD TRIPS
(PLEASE PRINT)

INFORMATION ABOUT THE EVENT

EVENT: _____ **COST** _____

EDUCATIONAL PURPOSE: _____

DATE(S): _____ **- TIME:** _____

PARISH/SCHOOL: _____ **GRADE:** _____

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ **Date of Birth:** _____

Home Address: _____

Street City Zip _____

Name of Parent/Guardian: _____

Phone: Work _____ **Home** _____ **Cell** _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet, special medication, health

conditions, or any other information necessary in an emergency situation. Please explain fully.

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named below, do hereby release, covenant not to sue, and save harmless: The Most Rev. Robert N. Lynch, D.D., Bishop of the Diocese of St. Petersburg; the above Parish/School; and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: _____ I request the Parish/School representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

Transportation: I request that my youth ride as a passenger in a private car driven by a teacher/guardian.

(CHECK ONE)

_____ YES I am able to be a volunteer driver. I agree to adhere to the requirements for volunteer drivers and will furnish proof of insurance (*if* previously completed. I certify that the information remains true and correct).

_____ NO I am not able to drive for this event

Parent/Guardian: _____ Date: _____