

**ARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
FOR
SAINT MICHAEL SCHOOL FIELD TRIPS**

Child's Name _____

Sex: ___ M ___ F Grade In School: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____

Parent/Guardian, grant permission for my child, _____ Child

participate in this school field trip that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of St. Michael School employees and/or volunteers from St. Michael School. A brief description of the activity follows:

Event: _____

Type of Event: _____

Person in Charge: _____

Start Time: _____ Approximate Return Time: _____ Method of Transportation: _____

I, the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I hereby release, defend, hold harmless and defend Saint Michael School, its administration, teachers, chaperons, or representatives associated with the event, and the Diocese of Norwich, arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment incurred by my child on therewith, and I agree to compensate the school, its administration, teachers, chaperons, or representatives and the Diocese of Norwich associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent/Guardian: _____ Date: _____

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

Relationship: _____ Phone #: _____

Doctor: _____ Phone #: _____

Health Plan Carrier: _____ Policy #: _____

Adverse Reactions: (Medications, food, plants, insects, etc.): _____

Last Tetanus/Diphtheria Immunization: _____ Special Medical Conditions: _____

Signature: _____ Date: _____