

**EA/EI REGIONAL CATHOLIC SCHOOL FIELD TRIP PERMIT**



**St. John Primary**

**St. John Primary and St. Theresa Middle  
Parent/Legal Guardian Permission Slip  
For Field Trip Participation**



**St. Theresa Middle**

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Child's name

to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees from St. John Primary and St. Theresa Middle.

A brief description of the activity follows:

Type of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individuals in charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

**\*Discuss Lunch here (If it cannot be avoided, put where you will stop to eat.)**

**Student transportation cost: \$ \_\_\_\_\_**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **EA/EI Regional Catholic School Partnership: St. John Primary/St. Theresa Middle**, its officers, directors, employees and agents and the **Diocese of Baton Rouge**, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the **Diocese of Baton Rouge**, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the **Diocese of Baton Rouge**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please return this completed form by February 16, 2017.**

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**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 the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish/school, its officers, directors and agents, and the **Diocese of Baton Rouge**, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child has the following emergency medication at school, and I grant permission for the chaperones or medical professionals of the **E/VI Regional Catholic School** Partnership to bring all such medications necessary and such medications will be well-labeled.

Names of medications and concise directions for seeing that the child takes/administers such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Does child have any physical limitations? \_\_\_\_\_