

## Permission Form for Youth Group Field Trip

\_\_\_\_\_ Age: \_\_\_\_\_  
(First and Last Name)

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Being Taken/Carried: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

Emergency Contacts 1) \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

2) \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

I/We, give my/our permission for the above-named student to participate in the \_\_\_\_\_ field trip/ activity to \_\_\_\_\_. By signing this consent form the student also indicates that s/he understands this permission form. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Pittsburgh, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named above.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

## FIELD TRIP PERMISSION and RELEASE HOLD HARMLESS FORM

Activity: \_\_\_\_\_  
Teacher(s)/Sponsor(s) \_\_\_\_\_  
Destination of Field Trip \_\_\_\_\_ Dates of Field Trip \_\_\_\_\_  
Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
Method of Transportation \_\_\_\_\_

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family's Phone Number (\_\_\_\_) \_\_\_\_\_  
Cell Phone Number (\_\_\_\_) \_\_\_\_\_  
Father's Works Number (\_\_\_\_) \_\_\_\_\_  
Mother's Work Number (\_\_\_\_) \_\_\_\_\_

Person to call if neither parent can be reached:

- 1) \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)
- 2) \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

### RELEASE AND HOLD HARMLESS AGREEMENT

We agree that the Immaculate Conception/Miraculous Medal and its officers, directors, employees and representatives will not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities or every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child's participation in this church-sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_