



**DAY FIELD TRIP PERMISSION AND WAIVER
For Elementary or Secondary Schools
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

I _____ (parent/guardian name) request that my child _____ be included in the field trip and I grant permission for him/her to participate in the activity identified below that requires transportation to a location away from the school/parish site. A brief description of the activity follows:

Type of event: _____

RISKS:

Special notification of surroundings (i.e. grassy, shrubbery, plants, wet areas such as ponds, lakes, streams, marshes, bridges, tunnels, rough walking paths or terrain/hiking, canoeing, boating, steps, unusual seating, animals, mosquitos, ticks, vegetation or any other unusual circumstances that would affect allergies, rashes, physical conditions, or any other conditions that could affect the health and safety of a student) should be included on the field trip permission form.

Overnight trips are not allowed for elementary or middle schools.

Only individuals with Virtus training and background checks and who are in compliance with the Charter on Safe Environment may chaperone a field trip. Supervision or oversight of students must be assigned by the principal to individuals with Virtus training and background checks.

Chaperones must supervise students at all times. Do not allow groups to go off alone and meet chaperone at a designated time. Students should be given phone number of teacher for their cell phone in the event that a student is separated from the group.

For the safety of all students attending a field trip, it is essential that only chaperones who are in compliance with the Charter on Safe Environment (including Virtus Training and Protection of all God's Children) may assume formal chaperone responsibilities. Unauthorized parents will not be allowed to escort students. If parents, not in compliance with the Charter, insist on accompanying a child they must remove the child from the group and assume total responsibility for the care of the child including transportation to and from the child's home.

Overnight or foreign travel for secondary school students must use the alternate form for field trips.

Parent Signature: _____





Mode of transportation to and from event: _____

Date(s) of event: _____

Expected Time of Departure: _____ Expected Time of Return: _____

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

I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith.

I hereby understand that by signing this form I am releasing and discharging _____ (insert name of Parish Corporation), the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney’s fees) incurred by me or by my child or are in any way related to or arising out of participation in the above event, including, without limitation, all claims for property damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of or by _____ (insert name of Parish Corporation), the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event. If the event takes place on a school day, my child instead will attend school at _____ and will participate in the school program of that day.

Signature: _____ Date: _____

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, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the field trip.

Further, I hereby release and discharge _____ (insert name of Parish Corporation), the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.





The field trip supervisor should be aware of the following special medical conditions of my child: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Diabetes
- Medically prescribed diet
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions

Type of insurance – Please check _____ Blue Cross/CMS _____ ConnectiCare _____ Other _____

Membership #: _____

Name of child's regular physician: _____

Telephone #: _____

Emergency contact name: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Signature: _____ Date: _____