

Date:

PARENTAL FIELD TRIP AND TRANSPORTATION NOTIFICATION AND LIABILITY WAIVER

We, the parent/s or guardian/s of _____ permit
(Child's Name)

our son/daughter to attend the _____ being planned on

[Day], [Date] from **[Time]** to **[Time]**.

The purpose of this trip is

We, as parents/guardians of the aforementioned minor(s), hereby consent and agree to hold harmless St. Lawrence School/Parish and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the aforementioned activity. We understand that our child/ren will be [walking to the destination] [assigned to ride with a licensed adult driver, driving a privately-owned automobile] [riding on a school bus] [riding the city bus].

Please return this permission slip to school by **[Day], [Date]**. Thank you.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperon(s) to secure proper treatment for my son/daughter.

Parish Representative Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

PLEASE NOTE THAT ALL PARENT(S)/GUARDIANS(S) MUST SIGN AND DATE.

Health Insurance Information is on file in the school office. If you have changes regarding your hospital preference, family doctor, insurance company or policy number, please notify the school office.