

Santa Clara Elementary School
Student & Youth Activity Permission Form (Field Trip)

Parent Copy

Parent/Guardians: Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Santa Clara Elementary School. A brief description of the activity follows:

Activity: Field Trip Other: _____ Date: _____ Cost: _____

Description of Activity: _____ See Attached

Teacher/Adult Leader: _____ Attire: Uniform Non-Uniform Dress

Mode of Transportation: Walk Car Pool Bus Other (specify): _____

If you want your child to participate, please fill out the Office & Teacher copies and return them to school

-----**Clip & Retain for your Records**-----

-----**Return Office & Teacher Copy to School**-----

Office Copy

Santa Clara Elementary School
Student and Youth Activity Permission Form

I request that my child _____ be permitted to participate in the field trip to _____ on Date: _____ Time: _____.

My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health & Medical Release Form to SCES. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation, sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damages are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physical selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Person to notify in case of Emergency if Parent/Guardian is unavailable:

Name: _____ Relationship to Student: _____

Day Phone: _____ Cell Phone: _____

Teacher Copy

I hereby permit _____ to participate in the field trip to _____ on Date: _____ Time: _____.

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating in this trip. I hereby give the school personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request. I understand that any insurance benefits that are effective have limited applications.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____