

HOLY CROSS LUTHERAN SCHOOL FIELD TRIP PERMISSION FORM

PERMISSION TO ATTEND:

I herewith grant permission for my child, _____ (Name of Student) to accompany the _____ (what group is going) on a field trip to _____ (where are you going) on _____ (Date)

I understand that the students will leave Holy Cross at approximately _____ and will return at approximately _____ Transportation is to be provided by _____.

I understand that **I DO / DO NOT** (teacher circle one) need to provide a non-perishable bag lunch.

Students should wear : _____.

I AM / AM NOT (circle one) able to chaperone this field trip. *Please note that chaperone's must complete a background check and must be fully able and willing to participate in all of the activities involved in the trip. Chaperones understand that they are there to help supervise the entire class, not just their children and need to be fully committed to this. Chaperones earn service hours if they complete this job successfully.*

RELEASE: I hereby release, forever discharge and agree to hold harmless Holy Cross Lutheran Church and School, it's administrators, Pastors, teachers, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occurs during this activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Holy Cross Lutheran Church and School and it's administrators, Pastors, teachers, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

Parent's Signature: _____ **Date:** _____

Emergency Information: Phone numbers where you can be contacted DURING THIS FIELD TRIP in the event of an emergency.

Father: _____

Mother: _____

Other: Please indicate name and relationship: _____

PERMISSION TO TREAT: **In the event that I cannot be reached** in the case of an emergency, I hereby give permission to the physician selected by the school to treat, hospitalize, order injection, anesthesia or perform emergency (life threatening situation) surgery for my child named above.

****Parent's Signature** _____ **Date** _____

Medical Insurance Information:

Physician's Name: _____ Phone: _____

Name of Insurance Company: _____

Policy Holder's Name: _____ Policy # _____

Customer Service Phone # _____

_____ My child does not have medical insurance.