

Parent/Guardian Permission Slip for Field Trip and Indemnity Agreement

Name of Student: _____

Name of Parent/Guardian: _____ Phone : _____

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described as follows:

Parish/School St. John the Evangelist School Date of Trip Friday, September 21, 2018

Destination/Activity Trip to Hunger Task Force Farm, 9000 S. 68th St., Franklin, WI

A separate detailed itinerary and parent consent must be provided for high risk activities.

Designated Teacher/Supervisor: Mr. Courchane, Mrs. Wisniewski, Ms. Dunning Phone: 414-321-8540

Mode of transportation: Atlas Bus Departure Time 8:45 AM Return Time 2:00 PM

Student Cost (If applicable): \$5.00

Please complete form and return by Friday, September 14, 2018

Students should dress comfortably for picking farm produce, including closed-toed shoes (no sandals) Bring a bag lunch and drink.

Medical Information and Release:

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

On field trips that occur during the length of the school day, any prescription medication already provided to the school will be carried and administered by staff.

If you are unable to reach a parent/guardian at the above number, contact:

Alternate Contact Name: _____ Phone: _____

Pertinent medical conditions: _____

Field Trip Consent and Release

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Guardian Signature

Date

Check here if you would like to chaperone this field trip. Your child's teacher will contact you if you are chosen.

Check here if you would like financial help with this field trip.