ARCHDIOCESE of MILWAUKEE

Form
6153(a)

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:	DATE OF TRIP:
St. Matthew Parish, Oak Creek	Thursday, January 12, 2023
DESTINATION/ACTIVITY:	
Bingo at Elizabeth Residence in Oak Creek: Help residents with bingo cards, call bingo numbers, and or hand out prizes.	

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

DESIGNATED TEACHER/SURPERVISOR:		PHONE:
Karin Felske		414-762-4200 ext. 14
MODE OF TRANSPORTATION:	**DEPARTURE TIME:**	**RETURN TIME:**
On your own to and from Elizabeth Residence	6:00pm	7:00pm
STUDENT COST (IF APPLICABLE):		
None		
PLEASE COMPLETE FORM AND RETURN BY:		
January 23, 2023		

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:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

☐ Yes, I am available to chaperone. I can be reached at: _____
☐ Check the box if you opt out of any image, photograph, or video of your child to be posted or published to social media by any chaperone or school personnel for this field trip.

HIGH-RISK ACTIVITY ADDENDUM TO PARENT PERMISSION SLIP:

PARISH/SCHOOL:	DATE(S) OF ACTIVITY:
NATURE OF EVENT OR ACTIVITY (i.e., retreat, field trip, mission trip):	
DESTINATION/VENUE:	
DESTINATION/VENUE'S WEBSITE:	

IMPORTANT NOTE TO PARENTS:

This event offers activities that are considered high-risk to participants. Parish/school staff and volunteers are not qualified to provide instruction or supervision for these high-risk activities; however, the destination/venue has trained staff who will be in charge of these activities.

Listed below are high-risk activities that are available to your child. Please indicate your approval or disapproval next to each activity. Students will be given an alternate low-risk activity in which to participate if the parent does not want the child to participate in a high-risk activity. In addition to this document, the destination/venue may have a separate liability waiver that you will need to sign in order for your child to participate in the activity. The venue's website is provided above for additional information. Please communicate with the parish/school staff if you have concerns with your child participating in a particular activity.

ACTIVITY: TO BE LISTED BY PARISH/SCHOOL	**PARENT INITIALS:**	
	APPROVED	**NOT APPROVED**

PARENT/GUARDIAN SIGNATURE:	DATE:
STUDENT'S NAME:	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

REVISED: 3/20