

Date: _____

**PARENTAL FIELD TRIP AND TRANSPORTATION
NOTIFICATION AND LIABILITY WAIVER**

We, the parent or guardian of _____
(Child's name)

permit our son/daughter to attend the _____
(name of trip/destination)

being planned by _____ on _____
(parish representative) (date)

from _____ to _____ The purpose of this trip is:

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to harmless, St. Paul / Holy Family 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, our child's event arranged transportation necessary to participate in aforementioned activity. We understand that our child/ren will be assigned to ride with a licensed adult driver, driving a privately-owned automobile, or school bus and that this assignment will be made by the aforementioned teacher/faculty advisor.

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: _____

Child Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Accident/Hospitalization Policy Number: _____

Policy Number: _____

Person to contact in case of emergency:

Name _____ Phone _____

If unable to reach, contact:

Name _____ Relationship _____

Phone _____