ARCHDIOCESE of MILWAUKEE

Form
6153(b)

PARENT/GUARDIAN PERMISSION SLIP FOR EXTENDED DAY/OVERNIGHT FIELD TRIP

NAME OF STUDENT:	
NAME OF PARENT/GUARDIAN:	**PHONE:**
NAME OF PARENT/GUARDIAN:	**PHONE:**

TRIP INFORMATION:

PARISH/SCHOOL:	DATE(S) OF TRIP:
St. Dominic Catholic Parish	Nov 17-19, 2023
DESIGNATED TEACHER/SUPERVISOR:	**PHONE:**
Samantha Taylor - High School Minister	970-765-8111 (Sami's St. Dominic cell number)
DESTINATION:	
Pallotti Retreat Center	
ACTIVITIES: (A separate detailed itinerary and parent consent must be provided for high-risk activities.)	
Confirmation Retreat	
MODE OF TRANSPORTATION TO AND FROM EVENT:	
Bus	
DEPARTURE DATE/TIME:	**RETURN DATE/TIME:**
Friday, Nov 17 at 5:15 pm	Sunday, Nov 19 at 1 pm
STUDENT COST (IF APPLICABLE):	**RETURN FORM BY:**
n/a	Nov 10, 2023
ITEMS STUDENTS SHOULD BRING (IF ANY):	
Please see attached	

PARENT CONSENT TO PARTICIPATE AND INDEMNITY AGREEMENT:

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.

I have read the information above and give consent for my child to participate in all aspects of this field trip:

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.

PAGE TWO: EXTENDED DAY/OVERNIGHT FIELD TRIP MEDICAL RELEASE:

Emergency Medical Treatment: 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.

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

ALTERNATE CONTACT NAME:	PHONE:
PHYSICIAN'S NAME:	**PHONE:**
NAME OF MEDICAL INSURANCE:	**POLICY #:**
PERTINENT MEDICAL CONDITIONS, INCLUDING ALLERGIES AND SPECIAL DIETARY NEEDS:	

Other Medical Treatment: In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?

☐ Yes ☐ No, I wish to be contacted first.

Medications: List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

MEDICATION:	DOSAGE:	ROUTE: HOW GIVEN:	FREQUENCY:	START DATE:	STOP DATE:	SIDE EFFECTS:
1.						
2.						
3.						

MEDICAL PROVIDER CONSENT: REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE

I Authorize the School/Parish to Give the Above Prescription Medication(S) to this Student.

PRINT MEDICAL PROVIDER NAME:	PHONE:
MEDICAL PROVIDER SIGNATURE:	**DATE:**
Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. Yes ☐ No ☐	

PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION:

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).	
PARENT/GUARDIAN SIGNATURE:	**DATE:**
Inhaler/Epi-Pen Only: My child may ☐ or may **not** ☐ carry and self-administer.	

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