

PARENTAL REQUEST FOR FIELD TRIP—CATHOLIC SCHOOLS OFFICE—
DIOCESE OF METUCHEN



This portion to be completed by school representative prior to duplication

School _____ City _____
Activity _____ Cost to Student _____
Destination _____ Phone _____
Educational Objective _____ Supervising Teacher _____
Departure Date/Time _____ Return Date/Time _____
Name of Bus Company _____

This portion to be completed by parent of guardian

Student's Name _____ Grade _____
Parent/Guardian _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Health Insurance Co. _____ Policy # _____
Please indicate any special medical problems, dietary needs or allergies _____

Family Physician _____ Phone _____

Parent/Guardian—Please read carefully and sign below

I request that my son/daughter participate in the above-described activity and consent to the mode of transportation indicated.
Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above-named school to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter en route, during and returning from the activity. I further agree to indemnify and save harmless the above school, parish, the Catholic Diocese of Metuchen, their staff and adult supervisors working on their behalf.

I further understand that school representatives are NOT permitted to dispense medication.
During the hours of this trip I can be reached at (Phone #) _____

Signature _____ Date _____

Notary Signature/Seal _____ Date _____