

St. Joseph Parish
Parent Permission and Waiver for Field Trip Participation

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish. The activity will take place under the guidance and supervision of Religious Education personnel from St. Joseph Parish, Dallastown PA. A brief description of the activity follows:

Name of event: _____
Destination: _____
Chaperone: _____
Date and Time of Departure: _____
Date of Return Time: _____
Mode of Transportation: _____
Cost: _____
Reservations due: _____

St. Joseph Church
Consent and Waiver

I hereby consent to participation by my child _____, to attend the _____
_____ I understand that the event will take place away from the parish grounds and that my child will be under the supervision of the designated Youth Ministry personnel on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against this parish, the Diocese of Harrisburg (and any diocesan or parish officers, agents or employees) which may arise from the participation of the named student in the above-described event.

(Print Parent's Name)

(Parents Signature)

Emergency Medical Information: Birthdate: _____

Do you have Hospitalization Insurance? Yes _____ No _____

Insurance Co: _____ Policy # _____

If you participate in an HMO, please list the provider and Phone Number.

Provider: _____ Phone # _____

Medical or other ailments and/or allergies (including medications) _____

In Emergency, Contact: _____

Address _____ City _____

Emergency Phone Number: Home _____ Work _____

Cell _____
