

**FIELD TRIP PERMISSION SLIP**

As the parent/legal guardian of \_\_\_\_\_ permission is hereby given for my child to go on a Parish trip to: \_\_\_\_\_ (Destination) on \_\_\_\_\_ (Date). The meeting time will be \_\_\_\_\_ (location) at \_\_\_\_\_ (time) and the pickup time will be \_\_\_\_\_ at \_\_\_\_\_. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. **I further give my consent to** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. **Also, I authorize the Diocese of Arlington** to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing. I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location.

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Date of Birth

Date of last Tetanus Booster

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Known allergies including any allergies to medicine (Continue on back of form if needed)

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Any other medical problems which should be noted (Continue on back of form if needed)

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Name of Parent/Guardian

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Address

City/State/Zip

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Phone Home

Work

Mobile

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Person responsible for charges (if different from above)

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Address

City/State/Zip

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Phone Home

Work

Mobile

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Person to notify if parent/guardian is unavailable

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Phone Home

Work

Mobile

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Family Physician Phone

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Insurance Carrier & Policy Number

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Signature of Parent

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Date

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Signature of Witness

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Date