

ST CHRISTOPHER SCHOOL PARENT/LEGAL GUARDIAN PERMISSION SLIP FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter, guardianship is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from St. Christopher School. A brief description of the activity follows:

Name of Event: Theatre work's production of Clementine ^{date} \$12.00
Destination: Kleinhan's Music Hall ^{Make checks payable to St. Christopher School}
Designated Supervisor of Activity: Mrs. Petricca, Miss Colosi, Mrs. Abramaitys
Date: April 9, 2018 Time of Departure: 9:00 am Time of Return: 11:30 am
Method of Transportation: bus **FIELD TRIP ATTIRE:** _____

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any person's actions taken by the named student.

I recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Christopher School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and/or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

Our permission is hereby given to the representative of St. Christopher School to authorize by his/her signature whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

_____ check here if you are interested in being a chaperone for this field trip. **YOU MUST BE VIRTUS TRAINED.** You will be notified by the teacher if you are chosen. ****If you are driving children, you MUST have your license and proof of insurance on file in the school office. Car seats are a MUST where needed.

PLEASE RETURN SIGNED FORM BY: Thursday, March 15th

Student name: _____

Parent Signature

Date

Phone Number

Emergency Contact Name & Number

Primary Care Physician/Phone Number

Health Ins. Company/plan/ID#

Allergies, reactions or other pertinent medical information

Please choose one:

_____ I DO give permission for any photo of my child taken during the field trip be used for the school web site/publicity

_____ I DO NOT