

Archdiocese of San Antonio
Blessed Sacrament School Catholic School Field Trip Form

Your son/daughter, in grade _____, is eligible to participate in a school sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from Blessed Sacrament Catholic School.

Description of Activity _____

Date of Activity _____

Time Leaving _____ **Time Returning** _____

Educational Purpose of Field Trip _____

Student will need _____

Method of Transportation (if applicable) _____

Student Cost (if applicable) _____ **Adult Cost** _____

Please cut and return bottom portion by _____.

I would like my child _____ in grade _____ to participate in the field trip

to _____ on _____. As parent or legal guardian, I agree to defend and fully indemnify Blessed Sacrament Catholic School against any claim which may result from any personal actions taken by my child. As parent or legal guardian, I further agree to fully indemnify and hold harmless Blessed Sacrament Catholic School against any claim or cause of action whatsoever brought against Blessed Sacrament Catholic School which took place during the field trip, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above named child in the field trip. I certify that I have an understanding of this agreement and the field trip that my child would be participating in. I further understand that I had the opportunity to fully discuss the field trip and this agreement with a representative of the school to clarify any concerns or questions about the field trip or this agreement that I may have had.

Signed _____ Date _____ Cell Number _____
Parent/legal guardian

Address _____ Home Number _____ Work Number _____

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. In the event of an emergency, if you are unable to reach me at the above numbers, contact Name _____ Phone Number _____

Please furnish medical information about your child, which may be pertinent to his or her participation in the field trip. _____

Chaperones/Drivers (if applicable) In accordance with Archdiocesan policy, to help with any school event including field trips, parents/legal guardians must have seen the Sexual Misconduct Video, and completed a Criminal Background Check. Any parent/legal guardian who drives on field trips needs to furnish proof of insurance, a driver's license, and the volunteer driver information sheet to the school office no later than two days before the field trip.

_____ Yes, I will drive and be a chaperone for the field trip. I can transport _____ students.

_____ No I will not drive.

_____ I would like to be a chaperone for the field trip.

Name of driver: _____

Name of chaperone _____