



ICRS

IMMACULATE CONCEPTION REGIONAL SCHOOL

FIELD TRIP PERMISSION FORM

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: Work Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from _____.
(Name of School)

A brief description of the activity follows: _____

Type of event and purpose of trip: _____

Location of event: Date: _____

Individual(s) in charge: _____

Estimated time of departure: return: _____

Mode of transportation to and from event: _____

Volunteer to drive? _____ # of students: _____

Cost (if any): \$ _____

As required by Washington State Law, effective July 1, 2002, any child between 4 years of age or over 40 pounds and 6 years of age or under 60 pounds traveling in a private vehicle must be restrained in an **approved booster seat with a lap and shoulder belt**. Children 6 years old or 60 pounds and greater must be restrained by a seatbelt. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Name of School) _____, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, Chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

FIELD TRIP PERMISSION FORM - APPENDIX B

MEDICAL MATTERS:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

SPECIFIC MEDICAL INFORMATION: The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations–Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____
