



St. Jane Frances de Chantal School

1900 Washington Blvd., Easton, PA 18042

610-253-8442

[www.stjaneschool.com](http://www.stjaneschool.com)

## Field Trip Permission Slip

I (we) grant permission for my (our) child, \_\_\_\_\_ (Participant) to participate in this parish/school event that requires transportation to a location away from the parish/school site. This permission includes all related programs or events associated with the event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Jane School. My (our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to such field trips. I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Description of Activity: 40 Hours Adoration

Date: Friday, October 25, 2019

Destination of event: St. Jane's Main Church - Hartley Avenue

Estimated time of departure: 8:00AM Estimated time of return: 1:00PM

Travel information: Bus transportation - each class will have a designated time

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions by the above named minor ("participant"). In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we and our heirs, successors and assigns, agree to release and to hold harmless and defend:

St. Jane Frances de Chantal School, and the Diocese of Allentown, Bishop Alfred A. Schlert, D.D., J.C.L., and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom are collectively referred to as the Diocese) from claims or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

Please make the following changes to the Emergency Card on file: \_\_\_\_\_

No changes are needed to the Emergency Card on file.

\* Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Special health concerns listed on the back of this sheet.

**Medications:** My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows:

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