

All Saints Academy
Permission Form for Field Trip Participation

Trip information (destination and date)

Destination

Date

This form must be signed and returned prior to any student participating in the trip. If a specified fee or cost is associated with the field trip, kindly submit it with this form in a sealed envelope indicating the student's name and grade.

Health Information - Release of Liability - Consent to Treat

Student's first name _____ Last name _____

Student's address _____

Name of Parent(s)/Legal Guardian _____

Home Phone Number _____ Work phone _____

Pager/Mobile Phone _____

Health Insurance Company _____ Policy # _____

Is student currently under the care of a physician? No Yes (please explain on the back)

Name of family physician _____ Phone # _____

List allergies to foods or drugs _____

Does student have any relevant needs or restrictions? _____

Special medications or pertinent medical information _____

Last Tetanus shot _____ Blood type _____

I, as a parent/guardian, for the student listed above, have read the foregoing Health Information, Release of Liability, Consent to Treat Form and the answers are correct to my knowledge. If this information should change at any time that this consent applies, I am responsible for contracting one of the chaperones and making them aware of such changes. I give my student permission to participate in the trip identified above. I can be reached at the telephone numbers referred to above, but if emergency medical care or treatment is necessary and if I cannot be contacted, I authorize the chaperones to act on my behalf and approve appropriate treatment.

RELEASE OF LIABILITY In consideration of ASA accepting my student's registration for this event listed above, I release, hold harmless and discharge ASA, its officers, Trustees, employees, agents, and affiliates and chaperones approved by ASA, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I further agree to indemnify and hold harmless ASA and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

Date

Parent or Guardian

Date

Witness of parental signature