

Field Trip Registration

Name of Trip:

Date of Trip:

Name _____ Age _____ Sex _____

Address _____

City, State, Zip _____ Phone _____

School _____ Grade _____ Birth Date _____

REGISTRATIONS MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT

PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned Field Trip on the above dates.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this field trip I/we hereby give permission for the necessary medical treatment to be given to my/our child.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to St. Margaret Mary Parish or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature _____

Parent/Guardian Phone Number _____

Insurance Company _____ Policy Number _____

Name and Phone Number of Person if parent/guardian is not available:
