

St. Robert Bellarmine Parish
Religious Education Office
850 Euclid Avenue
Warrington, PA 18976
215-343-9433

FIELD TRIP PERMISSION FORM

We (I) as parent(s) or legal guardian of _____
Child's name

Give permission for our child to participate in:

Field Trip: *Confirmation Retreat* Date of Trip: *February 12, 2012*
Shrine of Our Lady of Czestohowa, Doylestown

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) 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 agree to release and hold harmless ST. ROBERT BELLARMINE Religious Education Program and School, St. Robert Bellarmine Parish, the Archdiocese of Philadelphia and their employees, volunteers, and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the Junior High program pertaining to such field trip.

We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of our (my) child's participation.

Insurance :

Group #

ID #

Student Signature

Date

Parent / Guardian Signature

Date

Emergency Phone Number _____

I am able to chaperone _____ yes _____ no
(chaperones will drive separately...probably carpool)

N.B. Each child **MUST** return the signed permission form before being permitted to participate on the field trip.