



FIELD TRIP/YOUTH ACTIVITY PERMISSION FORM

FIELD TRIP TO: Verbum Dei High School

EDUCATIONAL OBJECTIVES OF FIELD TRIP: Shadow Day Visit

DATE: _____ **TIME:** _____

MEANS OF TRANSPORTATION: NONE

PARENT'S NAME: _____

I request that my son/daughter be permitted to participate in the above field trip. As a condition of being owed to do so, I hereby, release and discharge Verbum Dei High School from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the field described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

STUDENT'S NAME

DATE

HOME PHONE

Cell/Work PHONE

PARENT/GUARDIAN Name

Parent/Guardian Signature