

ARCHDIOCESE OF LOUISVILLE
Field Trip Permission Form

EVENT INFORMATION

Event: _____

Location: _____

Date(s): _____

Departure Time: _____

Return Time: _____

Mode of Transportation:

☐ Church Van ☐ Charter Bus ☐ Private Vehicle ☐ Walking ☐ Other: _____

Supervising Adult(s): _____

PARTICIPANT INFORMATION

Youth Name _____

Date of Birth _____

Grade _____

School _____

Youth Cell _____

Youth Email _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name _____

Address _____

City _____

Zip _____

Primary Phone _____ Secondary Phone _____ Work Phone _____

Email _____

EMERGENCY CONTACT (If Parent Cannot Be Reached)

Name _____

Relationship _____

Phone _____

MEDICAL INFORMATION

Family Physician _____ Phone _____

Insurance Company _____

Policy Number _____

Group Number _____

Medical History- Does your child have any medical conditions?

☐ No

☐ Yes (please explain)

Food Allergies _____

Medication Allergies _____

Other Allergies _____

Current Medications _____

Dietary Restrictions _____

Special Accommodations Needed _____

MEDICATION POLICY- If medication must be administered during this event, it must be provided to the supervising adult in its original prescription container with clear dosage instructions. Non-prescription medications must also be in their original container with written dosage instructions. We will NOT have a supply of Tylenol or other non-aspirin. If you wish your child to have any medication, please send it to us with directions as stated above.

PERMISSION- I request that my child be allowed to participate in the Parish/School/Youth Ministry event listed above sponsored by: _____ . I understand the purpose of this event is to provide opportunities for young people to grow spiritually, socially, educationally, and through service. I give permission for my child to travel by transportation arranged for this event.

MEDICAL AUTHORIZATION- In the event of illness or injury, I authorize the event leaders to seek emergency medical treatment for my child. I understand every reasonable effort will be made to contact me before treatment whenever possible. If I cannot be reached, I authorize licensed medical personnel to provide any treatment deemed necessary, including hospitalization, anesthesia, surgery, or other emergency medical care.

LIABILITY RELEASE- In consideration of my child's participation, I release and hold harmless the parish/school, the Archdiocese of Louisville, its clergy, employees, volunteers, chaperones, drivers, and agents from liability for injuries or losses arising from participation in this event, except where prohibited by law.

PHOTO/VIDEO RELEASE- Please check one:

☐ YES I give permission for photographs, videos, or digital images of my child to be used for parish and Archdiocesan publications, websites, newsletters, presentations, and official social media platforms.

☐ NO I do not give permission.

COMMUNICATION PERMISSION- Please check one:

☐ YES I give permission for Parish/School/Youth Ministry staff to communicate with my child regarding School/Parish ministry activities by: ☐ Text Message- an additional adult will always be added to text messages ☐ Email

☐ Approved Group Messaging Apps ☐ NO I do not give my permission

PARENT ACKNOWLEDGEMENT- I certify that the information on this form is accurate. I understand that participation in this event involves ordinary risks associated with travel and group activities. I have read and understand this form.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Medication Received

☐ Yes

☐ No

Leader Initials _____

Medication Returned

☐ Yes

☐ No

Leader Initials _____

Emergency Incident

☐ Yes

☐ No

Leader Initials _____

Incident Report Completed

☐ Yes

☐ No

Leader Initials _____