

**Ursuline High School
FIELD TRIP RELEASE FORM**

Date: _____

Dear _____:
(teacher's name)

I, _____, am the _____ of
(parent/guardian name) (father, mother, custodial parent, guardian)
_____, a student at **Ursuline High School** in the _____ grade.
(name of child)

I hereby request permission for my child to attend the _____ at
(type of field trip)

_____ with _____ on
(place) (teacher's name and class)

_____ from _____ to _____, and I consent to the child's
(date of field trip) (time) (time)

participation in such a field trip. I am responsible for paying \$ _____ for the trip.

I understand that my child will arrive to the aforementioned field trip location by one of the following modes of transportation:

(circle one): Walking School Owned Vehicle Privately Owned Vehicle** Bus

***please complete the transportation information on the reverse if a student is being driven by a privately owned vehicle*

Privately Owned Vehicle Details

This field trip requires driving in a privately owned vehicle as the mode of transportation. I understand that my child will be the passenger of _____.
(driver's name)

The aforementioned driver is a **(check one of the following 3 options)**

_____ 1. **Student**- We request that our child be allowed to ride in a car driven by another student driver. The student driver is an insured, licensed driver. All Ohio laws regarding minor drivers will be observed.

Parent Signature: _____

or

_____ 2. **School Employee**- We request that our child be allowed to ride in a car driven by a school employee driver.

Parent Signature: _____

or

_____ 3. **Volunteer Adult**- We request that our child be allowed to ride in a car driven by a volunteer driver.

Parent Signature: _____

(OVER)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse and myself, I hereby assume all risks in connection with the field trip and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, Ursuline High School and the pastoral staff, employees and volunteers thereof all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the field trip, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved in the field trip, and I understand that I have the opportunity to call the teacher and ask him/her about the field trip.

IN CASE OF AN EMERGENCY, I CAN BE REACHED AT:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event that I cannot be reached, I grant permission to the adult supervisor to take whatever action is deemed necessary to see that my child receives the needed medical attention.

Parent/Guardian Signature

Name of Child's Physician: _____ Phone: _____

Preferred Hospital: _____

Medical Insurance Plan: _____

Food or Medication Allergies: _____