



Diocese of Fall River

School Field Trip

Parental Consent/Release Agreement

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
*Name of parent/guardian* *Name of child*

in consideration of my request to allow this child the opportunity to participate in the School  
field trip to \_\_\_\_\_ in \_\_\_\_\_  
*Location of field trip* *City/Town and State*

on \_\_\_\_\_, with the following mode of transportation \_\_\_\_\_  
*Date*  
agree to assume all responsibility and expense associated with this field trip.

I grant to the School, its agents, employees, and representatives my permission to seek emergency medical attention for this child if, in their judgment, such attention is warranted and I am not immediately available to grant such permission. I agree to be in all ways responsible for any and all expenses associated with any and all medical care furnished to this child.

The School has sufficiently explained the nature, extent, and requirements of this field trip and I am aware of and accept the associated risks of participation in this field trip. I agree to release and hold the School and the Diocese of Fall River and their agents, employees, and representatives, forever harmless and indemnified against and from any and all liability, loss, damages, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such claim, resulting from, arising out of, or during, or in any way connected with this field trip. I also agree to release and hold the School and the Diocese of Fall River and their agents, employees, and representatives, forever harmless and indemnified against and from any and all claims or right of action for damages which my child has or hereafter may acquire either before or after the child has reached majority, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such claim, resulting from, arising out of, or during, or in any way connected with this field trip.

I have made the School aware of any medical conditions of this child that may have an impact on his/her participation in this field trip. I have detailed said medical conditions on the back of this form (document a list of any medical conditions that the school and/or the chaperones should be aware of).

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

Emergency Telephone Number(s) where Parent/Guardian can be reached during this field trip:

(1) ( ) \_\_\_\_\_; (2) ( ) \_\_\_\_\_; (3) ( ) \_\_\_\_\_

*If you do not wish your child to attend the field trip, please check box and sign below, you need not fill out the above information.*

I do not desire that this child participate in this field trip. This child will attend school.

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*