

This form must be filled out for every event. Please retain a copy for your records.

## FIELD TRIP PARENTAL/GUARDIAN RELEASE FORM

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the parish youth ministry event or school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Blessed Sacrament Catholic Church. A brief description of the activity follows:

**Type of event:**                    **Bowling, for HS Blessed Youth**

**Location:**                        **Jonesboro Bowling & Recreation Center**

**Individual in charge:**        **Jonathan Brandenburg**

**Date and times:**                **Sunday, February 10**  
    **Drop Off:**                      **2 pm**  
    **Pick Up:**                        **4-ish**

**Mode of transportation  
to and from event:**        **MEET THERE!!**

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Blessed Sacrament Catholic Church, the Diocese of Little Rock, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in this field trip.

### Medications

My child is taking medication at present. Yes / No (circle one)

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date