

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: **RockWall Climbing (JrH)**

Location: **Earl Bell Community Center
1212 South Church Street**

Individual in charge: **Jonathan Brandenburg**

Date and times: **Saturday, February 16**

Drop Off: **4:00**

Pick Up: **6:00**

**Mode of transportation
to and from event:** **MEET THERE!!! (Bring \$2 for pizza and beverages)**

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.

If swimming is an activity, I:

_____ Give permission

_____ Do not give permission

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