

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent/Legal Guardian:

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from the University of Detroit Jesuit High School and Academy. A brief description of the activity follows:

**Name of Event:** 5 Days of Art Trip  
**Destination:** Detroit Institute of Arts  
**Designated Supervisor of Activity:** Michele Mooney  
**Date and Time of Departure:** June 21st, 2019. 9:15 AM  
**Method of Transportation:** Bus  
**Student Cost:** Lunch money

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to School by June 17th, 2019. **Students without permissions slips will NOT be able to attend.**

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**STATEMENT OF CONSENT**

I hereby consent to the participation of my child, \_\_\_\_\_, in the event described above scheduled for \_\_\_\_\_. I understand that this event will take place away from the school grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I acknowledge that my child participates in this trip at his own risk. My child is in good health, and on behalf of myself, my child, my heirs, executors and assigns, I further release and forever discharge the University of Detroit Jesuit High School and Academy, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers from any rights or causes of action whatsoever whether in law or in equity arising from or by reason of any bodily and/or personal injury sustained by my child and/or loss or damaged property or otherwise, directly or indirectly rising from participation by my child on this trip.

I agree to indemnify the University of Detroit Jesuit High School and Academy, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers on account of any claims that might be asserted by me or my child. Permission is given to take any action that you may deem necessary in the event of injury to or illness of my child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor to hospitalize, provide proper treatment and order injections, anesthesia or surgery for my child.

\_\_\_\_\_  
Print Parent or Legal Guardian Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date:

During this event, I can be reached at: (    ) \_\_\_\_\_

## Medical Treatment Release Form

### To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medications, contract, or other pertinent comments: \_\_\_\_\_

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### Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)