



# Corpus Christi School

Permission for a class to use the Wethersfield Public Library as needed for the remainder of the 2016-2017 school year.

## FIELD TRIP PERMISSION AND WAIVER

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

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Participant's Name

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Parent/Guardian's Name

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Home Address

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Home Phone

Business Phone

Cell Phone

I, \_\_\_\_\_, (parent/guardian name)

request that my child, \_\_\_\_\_, be allowed to walk to the Wethersfield Public Library as needed accompanied by a teacher or librarian and I grant permission for him/her to participate in the activity identified below at the location away from the school/parish site. A brief description of the activity follows:

**Type of event:** For general use of Wethersfield Library

**Destination of event:** Wethersfield Public Library, 515 Silas Deane Highway, Wethersfield, CT

**Mode of transportation to and from event:** Walking

**Date(s) of event:** Any day as needed

**Expected Time of Departure:** During school hours

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor ("participant").

I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith.

I hereby release and discharge *Corpus Christi Parish Corporation*, the Hartford Roman Catholic Diocesan Corporation ( the Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney's fees) incurred by me or by my child or are in any way related to or arising out of participation in the above event, including, without limitation, all claims for property damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of or by

*Corpus Christi Parish Corporation*, the Hartford Roman Catholic Diocesan Corporation ( the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

I understand that by signing this form I am releasing *Corpus Christi Parish Corporation*, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event. If the event takes place on a school day, my child instead will attend school at *Corpus Christi School* and will participate in the school program of that day.

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the field trip. Further, I hereby release and discharge *Corpus Christi Parish Corporation*, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

The field trip supervisor should be aware of the following special medical conditions of my child: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Diabetes
- Medically prescribed diet
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions

Type of insurance - Please check  Blue Cross/CMS  Connecticare  Other \_\_\_\_\_

Membership # \_\_\_\_\_

Name of child's regular physician \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

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