

**SACRED HEART SCHOOL
3 EAST 4TH STREET
PANA, IL 62557**

RELEASE / REQUEST FORM - STANDARD ACTIVITY

We request that our child _____ be allowed to go on any field trip involving Standard Activity with his/her classroom teacher during the **2018-19** school year. Sacred Heart School (hereafter the "Organization") believes this trip will benefit our child both educationally and spiritually. We understand that each classroom teacher will notify us in advance of any outing.

We understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this trip and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, we freely assume this responsibility and liability.

Our child has been informed that he/she is to abide by the rules and regulations including the directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in the planning and information sessions and meeting all the prerequisites prior to his/her participation in the activity or program.

In the event that our child fails to abide by the rules and regulations imposed on the student while participating in the program or activities, disciplinary action may either require that he/she not participate in the program or activity, or that I will be contacted to have him/her picked up or transported home at my own expense.

We also understand that it may not be financially feasible for the Organization to provide transportation for all those who are going on this field trip. Therefore, we understand that some participants may be traveling by bus or by privately owned vehicles. With this knowledge, we hereby consent to our child traveling to, from, and during this trip in either of these manners.

We further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this trip and we agree to indemnify them for any such damages.

In the event of an emergency, we hereby grant permission to the adults supervising the program or activity, or any licensed hospital or physician, to authorize immediate emergency medical treatment for our child. Additionally we give permission to transport our child for emergency medical treatment. We wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact / Medical Information: (Please Print)

Father/Guardian: _____ Daytime Phone: (____) _____

Mother/Guardian: _____ Daytime Phone: (____) _____

Address: _____ Home Phone: (____) _____

Other Contact Person: _____ Phone: (____) _____

Medical Insurance Company: _____

Company Address: _____ Policy Number: _____

Medical Conditions/Allergies: _____

We hereby also give our consent for photographs of our child to be taken and released.

Signature of parent/guardian: _____ Date: _____