

Mon. 5-2-16
Return this form on or before:

DIOCESE OF FRESNO PERMISSION TO PARTICIPATE IN A SCHOOL, RELEASE OF LIABILITY, AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

TO THE PARENT/GUARDIAN: You must give permission for your child to participate in the specific event, activity, or sport indicated on this form. You must also have signed the annual form for your child to attend and participate in any school-sponsored event, activity, or sport.

Name of Child	School Name <i>St. Joachim</i>
Name of Parent/Guardian	School Year <i>2015-2016</i>
Event/Activity/Sport: <i>Wagon Train</i>	

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions of the school, school personnel, or adult leadership of this activity. I understand that participation in this school-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the school.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility for death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Off-campus Field Trip Information:

be at Kelly Meadows by 3:30

Destination of Field Trip: <i>Kelly Meadow</i>	<i>(School)</i>
Departure Date and Time: <i>May 5, 2016 (Thurs.) 12:00pm</i>	<i>(Pick your child up)</i>
Estimated Return Date and Time: <i>May 8, 2016 (Sunday)</i>	<i>TBA on Thursday at Drop-off</i>
Mode of Transportation: <i>Parent</i>	Trip Fee (if applicable): <i>0</i>

In the event of an emergency and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

Daytime Phone (pager, cell)	Evening Phone (pager, cell)
Doctor's Name	Doctor's Phone
Insurance Co	Policy #
FOR OFFICE USE ONLY Date Form Received by School: _____ Received by: _____	

Uniform dress Free dress Bring sack lunch
see supply list *meals* lunch will be provided

I can help drive. I have _____ (number of seats available). Ph # _____