*Padua Franciscan High School*

*Annual Mass, March & Rally For Life, Cleveland*

*Field Trip Acknowledgement and Consent Form*

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Trip**: October 1, 2019

**Time**: 9:00am – 2:29 pm **Destination**: Cathedral of St. John the Evangelist

 And Public Square

**Cost:** None

 (Bring money for lunch or brown bag)

 **Sponsoring Group: Campus Ministry**

**Educational Purpose:**  Advocate for the Dignity of All Life **Transportation:** Padua Van/Bus

* I understand that my son/daughter will be participating on this educational/spiritual trip and that school rules are to be observed. Rules pertaining to cell phones and MP3 devices apply during the van ride and also during the retreat itself.
* I agree not to hold Padua Franciscan High School or any of its representatives responsible for any injuries sustained by my child while traveling to or from this trip and during the field trip activities.

**\_\_\_\_\_Check here if there is an important medical condition that your child has that the moderator should be aware of and briefly describe it on the reverse side of this form.**

 \_\_\_\_\_ Bee sting allergy \_\_\_\_\_Diabetes

 \_\_\_\_\_ Heart condition \_\_\_\_\_Food allergy (be specific)

 \_\_\_\_\_ Seizures \_\_\_\_\_Medications (list on back)

\_\_\_\_\_ Other (describe on back)

Will the condition(s) checked require any special procedures or medications during this event?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe on reverse side of this form.

**Daytime emergency contact number:**

**Parent/Guardian** (please print)

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian** (please print)

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Contact if Parent not available** (please print)

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Treat:**  I give my consent for emergency medical treatment to be given to my child in the event of illness or injury requiring emergency treatment while participating in this school activity.

**SIGNATURE OF PARENT**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:\_\_\_\_\_\_\_\_**

**Return to Campus Ministry by Monday, September 23, 2019**