PARENT PERMISSION FORM FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from __Saint Thomas Aquinas Regional School. A brief description of the activity follows:

Curriculum Goal: Away Game Transportation for the Aquinas Sports Program 2019-2020School Year (all seasons)

Destination: Off-Site Locations for Sports Competitions

Designated Supervisor of Activity: Designated Carpool Drivers and Team Coach

Date and Time of Departure: ___TBD- As listed in Season Schedule
Date and Anticipated Time of Return: TBD

Method of Transportation: _POV-Carpool__Student Cost: $0.00

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to "opt out" of any field trip planned for their children. It should also be understood, in light of world conditions and specifically, threats of terrorism to Americans, it may be necessary to cancel any school sponsored trip due to the world and national developments. If further restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

1. Is your child required to take any medication during the field trip?_____ (Y or N)
2. If so, what medication?_____
3. Do you request the designated supervisor of this activity to administer the medication stated above on this field trip? _____ (Y or N)
4. Do you wish your child to take his/her inhaler_____or Epi-pen_____or Glucagon Emergency Kit_____on the trip?

I hereby request that my child, _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

_____ _____ _____
Parent's Name (Please Print) Cell Phone # Home Phone #

_____ I accept responsibility for my behavior:
Parent's Signature

_____
Signature of Student

Student's Current Medical Problem

_____
Emergency Contact Person (Please Print) Emergency Ph #

Name of Physician _____Phone Number_____

Insurance Company_____ ID # _____

Allergy to Medications _____

Allergies _____

Chaperones should take this form and a copy of the student's Permission for Emergency Care form on the school-sponsored trip.
*****This form only needs to be filled out once per school year for each athlete*****