St. Luke Catholic School
7650 North Illinois Street
Indianapolis, IN 46260
317-255-3912
Fax: 254-3210

Field Trip Permission and Activity Release Form

Note that this form must be completed and returned to school before any child may leave the facility/school for an activity. Verbal permission is not acceptable.

I/we am/are the authorized parent(s) or guardian(s) of _____
(Student's name)

I/we give _____permission to participate in a class/group trip to
(Student's name)

_____on_____.
(Location) *(Date of trip)*

Trip Information

Departure Time: _____ *Return Time:* _____

*Uniform*_____ *Dress Up*_____ *Other*_____

Special Directions:

I hereby release St. Luke School, school staff, volunteers and the Archdiocese of Indianapolis from any and all liability should any accident or injuries occur during this trip.

I understand that my child is responsible for proper behavior and following teacher or staff instructions on this trip; and that my child may be returned to school if there is a problem.

I authorize the escorting staff to seek medical aid for my child should it be deemed necessary if I/we cannot be reached. I/we will be responsible for any medical costs incurred.

_____ _____ _____
(Parent/guardian signature) *(Parent/guardian signature)* *(Date)*

Emergency-Medical Information— Please Print

Child's Name: _____

Child's D.O.B._____

Allergies: _____

Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes): _____

Medical Insurance Co. _____Policy No. _____

Doctor: _____

Doctor Phone #_____

Preferred Hospital: _____

Parent Phone No. (H)_____(W)_____(C)_____

(Circle Best Available #)