

ST. MARY OF THE VISITATION PARISH

TRIP FORM: PARENT/GUARDIAN INFORMATION, AGREEMENT AND REQUEST FOR DAY TRIPS

NAME OF PARTICIPANT: _____

TRIP INFORMATION

SITE TO BE VISITED: Adventure Rooms Canada,
LOCATION: Kitchener, Ontario _____
DATE OF TRIP: November 22, 2018 _____
TIME LEAVING: 5:30pm. _____
TIME RETURNING: 9:00p.m. _____
TYPE OF ACTIVITIES: Team Building _____
METHOD OF TRANSPORTATION: Bus _____
ADULT SUPERVISORS: 1:5 _____
COST OF TRIP/CHILD: \$35.00 _____

CURRENT EMERGENCY INFORMATION

STUDENT'S NAME: _____ **HEALTH CARD #** _____
HOME TELEPHONE: _____
MOTHER'S CONTACT#: _____ **FATHER'S CONTACT#:** _____
EMERGENCY CONTACT NAME IF PARENT NOT AVAILABLE: _____
EMERGENCY PHONE #: _____

CURRENT MEDICAL INFORMATION

- 1: Is your son/daughter allergic to any drugs, foods, medications/other? **YES:** _____ **NO:** _____
IF YES, PROVIDE DETAILS: _____
- 2: Does your child take any prescription drugs? **YES:** _____ **NO:** _____
IF YES, PROVIDE DETAILS: _____
- 3: What medication(s) should the participant have on hand during this trip? _____
- 4: Who should administer the medication? _____
- 5: Specify any other physical limitations your child has that may affect them from fully participation on this trip. Provide pertinent details or contact supervising adult leader(s). _____

REQUEST TO PARTICIPATE AND BEHAVIOR AGREEMENT: I request my child be permitted to participate in the above mentioned trip offered by St Mary of the Visitation Parish, Cambridge and hold harmless all volunteers and staff involved and agree to pay any damages which may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties. I also agree to photographs of my child being used for parish purposes.

ACKNOWLEDGMENT OF RISKS: I/We hereby acknowledge and accept the risks inherent in the planned field trip and assume responsibility for my child for personal health, medical, dental and accident insurance coverage. I/We give consent, in the event of injury or illness, for medical personnel to administer medical services with the understanding that every reasonable effort will be made by the church/hospital to contact me.

SIGNATURE OF
PARENT/GUARDIAN: _____ **DATE:** _____