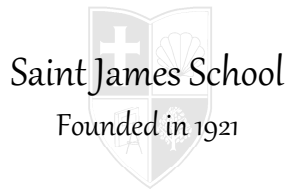


**Administrative Office**

73 Park Street  
Manchester, CT 06040  
(860)643-5088  
Fax (860)649-6462  
www.SaintJamesSchool.net



**Pre-Kindergarten Office**

85 Park Street  
Manchester, CT 0640  
(860)643-5088  
Fax (860)649-6462

*Committed to Growing Young Hearts and Minds*

**FIELD TRIP PERMISSION AND WAIVER  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name

Parent/Guardian' Name

Home Address

Home Phone                      Business Phone                      Cell Phone

I, \_\_\_\_\_, request that my child, \_\_\_\_\_, be included in the field trip and I grant permission for him/her to participate in the activity identified below that requires transportation to a location away from the school/parish site. A brief description of the activity follows:

**Manchester Memorial Day Parade**

Type of Event

**Begins at Bennett – Ends at Center Park (by Library)**

Destination of Event

**Parent/Guardian Drop-off & Pick-up**

Mode of Transportation to and from Event

**Monday, May 27, 2013**

Date(s) of Event

**8:45am (line-up time)**

**11:00am (Center Park)**

Expected Time of Departure

Expected Time of Return

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor "participant".

I agree to be responsible for any damages or costs incurred by, or on behalf of, my child of any nature arising from, or in connection with, my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith.

I hereby release and discharge Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns, and heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney's fees) incurred by me or by my child, or are in any way related to, or arising out of, participation in the above event, including, without limitation, all

claims for property damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of, or by, Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

I understand that by signing this form I am releasing Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, employees, chaperones, volunteers, successors, assigns and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event. If the event takes place on a school day, my child instead will attend school at Saint James School and will participate in the school program of that day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment, as may be necessary for the welfare of my child by a physician, qualified nurse, and/or hospital or other health care facility while my child is participating in the field trip. Further, I hereby release and discharge Saint James School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

The field trip supervisor should be aware of the following special medical conditions of my child (please check all that apply):

- |  |                                 |
|--|---------------------------------|
| _____ Allergic Reactions   | _____ Asthma                    |
| _____ Diabetes   | _____ Medically Prescribed Diet |
| _____ Physical Limitations   | _____ Other Conditions          |
| _____ Medications that may need to be taken on an emergency or routine basis |                                 |

Please describe condition with particularity, including any warning signs, medications, or special instructions:

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Type of Insurance: Please check \_\_\_\_\_ Blue Cross/CMS \_\_\_\_\_ ConnectiCare \_\_\_\_\_ Other

Membership #: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_