

NOTRE DAME-CATHEDRAL LATIN SCHOOL

FIELD TRIP REQUEST AND RELEASE

Date _____

TO: Mr. Joseph Waler
(Teacher's Name/Principal)

I am the _____ of _____,
(father, mother, guardian) (name of student)

a student at Notre Dame-Cathedral Latin School (the "School") in the _____ grade
and I hereby request permission for the above-named student to attend the

_____ at _____
(type of field trip) (place)

and I consent to the student's participation in such field trip.

I understand that the student will get to the place of the field trip by _____
(means of transportation)

In consideration of the student's being allowed to participate in the field trip, on behalf of the student and form myself: (a) I agree that the student and I assume all risks in connection with the field trip; (b) I fully release the School, the Sisters of Notre Dame of Chardon, Ohio, and their members, employees, volunteers, agents, heirs, or assigns, from any liability whatsoever for any injury to or the death of the student and for any liability whatsoever for any damages incurred by the student and/or me during or arising out of the student's participation in the field trip, including all risks connected therewith, whether foreseen or unforeseen; and (c) I agree to save and hold harmless the School, the Sisters of Notre Dame of Chardon, Ohio, and their members, employees, volunteers, agents, heirs, or assigns from any claim by the student, myself or the student's heirs, executors, administrators, personal representatives or assigns arising out of the student's participation in the field trip.

I fully understand what is involved in the field trip and I acknowledge that I have the opportunity to call the teacher and ask him or her about the field trip.

Phone _____

Parent/Guardian Signature REQUIRED

Date _____

(Signature of Student if 18 years or older)

**NOTRE DAME-CATHEDRAL LATIN SCHOOL
AUTHORIZATION FOR MEDICAL TREATMENT
FOR PROGRAM PARTICIPANT**

I, _____,
residing at _____, Ohio, am the parent
and/or legal guardian of _____ (the "Participant"), who
resides _____, Ohio, and is
participating in the _____ sponsored by NDCL
(the "Program").

I hereby give my consent for: (a) the administration of any medical or dental treatment to the Participant during the Program deemed necessary by a licensed physician or dentist and (b) the transfer of the Participant to any hospital reasonably accessible during the Program.

I understand that, in the event the Participant experiences a medical emergency during the Program, a Program chaperone will make reasonable efforts to contact me as soon as possible, but not necessarily before the actions described above have been taken at _____ (telephone number).

This authorization does not cover any major surgery unless the medical opinion of two other licensed physicians or dentists concur in the necessity for such surgery are obtained before surgery is performed.

Facts concerning the Participant's medical history including allergies, medications being taken, the name and telephone number of the Participant's regular physician and dentist, and physical impairments, to which factors a physician should be alerted are (use reverse side if necessary):

Date _____, 20 _____

Parent and/or Legal Guardian