

**ST. MARGARET MARY CATHOLIC SCHOOL
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
FIELD TRIP PARTICIPATION**

March 26, 2010

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in school-sponsored activities requiring transportation to locations away from the school grounds. These activities will take place under the guidance and supervision of parent volunteers of St. Margaret Mary Parish School. A brief description of the activities follow:

Friday, 4/16 Marian Meet- Depart SMM via Bus at 2:30PM; Parents pick-up at Marian @ approx. 9PM

Friday, 4/23 Skutt Meet- Depart SMM via Bus at 1:50PM; Parents pick-up at Skutt @ approx. 9PM

Saturday, 4/24 Mercy Meet- Parents provide transportation both ways. Arrive @ 7:45AM - Pick-up @ approx. 12:30PM

Friday, 4/30 Millard North Meet-Parents provide transportation both ways. Depart SMM @ 2:45 & Pick-up at Millard North @ approx. 9PM

Participant's name: _____
Birth date: _____ **Sex:** _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ **Emergency phone:** _____
Business phone: _____

I grant permission for my child to participate in this event that will take place away from school grounds and that my child will be under the guidance and direction of parish volunteers from the parish. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Margaret Mary parish, its officers, directors, employees and agents, and the Archdiocese of Omaha, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Omaha, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature _____ Date _____

PLEASE RETURN THIS FORM to Beth Recker ASAP See other side for medical permission slip if your child would need to bring an inhaler or epi pen.

SPEECH TEAM FIELD TRIP MEDICATION AUTHORIZATION

My Child _____ will need to have the following
medications with him or her during the Speech Team Meets:

Medication: _____

Dosage _____

I understand that my child will be responsible for his/her own inhaler or epi pen.

Parent
Signature _____ Date _____