



SAINT PETER'S CHURCH

Field Trip/Overnight/Special Activity Consent Form

My son/daughter _____ would like to participate in the following activity:

Activity _____

Purpose of activity _____

Date(s) and start/finish time of activity _____

Drop-off location for departure _____

Pick-up location for return _____

Leaders/Chaperones _____

Method of transportation _____

Cost _____

Other money needed _____

Additional information _____

Custodial Parent/guardian's name _____

Home phone _____

Address _____

Work phone _____ Other phone/pager: _____

Emergency contact _____ Phone _____

Do we have a Medical Release Form on file for your son/daughter? ___Yes___No

If "no" please submit one. If "yes", does the Medical Release Form need updating? ___Yes___No

Special Instructions:

If this is an overnight event, the girls and the boys will sleep in separate areas, and there will be adult supervision based upon the number and gender of participants. Only drivers over 21 years of age will be used.

I give my son/daughter _____ permission to participate in the activity described on the front of this consent form. To the best of my knowledge, my son/daughter has no known condition which could interfere with his/her ability to participate in the listed activity(ies). I have completed and updated my son/daughter's medical form and included information concerning any disciplinary action by an educational institution which includes suspension or expulsion.

Custodial Parent/guardian's signature

Date

I agree to abide by the rules that have been established for this activity by the group leaders and by Saint Peter's Church. I have read and understand the rules as stated in the Rules for Church Sponsored Trips form.

Youth's signature

Date