



# Holy Disciples Catholic School

## SPIRIT DAY 2024 FIELD TRIP PERMISSION AND WAIVER PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

I \_\_\_\_\_ (parent/guardian name) 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.

**Type of event** Spirit / Field Day At Quassy Amusement Park Field:

**At no time will students or chaperones be near the water of Lake Quassapaug. All game activity is contained within the field and picnic pavilion of Quassy Amusement Park. Students are chaperoned at all times by parent volunteers, teachers and staff. The school nurse is on site at Quassy for the entire event. Students ride school bus transportation to and from the event and teachers ride with the students. The PK bus has seatbelts for children.**

Individuals with Virtus training and background checks and who are in compliance with the Charter on Safe Environment may chaperone a field trip. Supervision or oversight of students must be assigned by the principal to individuals with Virtus training and background checks.

Chaperones must supervise students at all times. Do not allow groups to go off alone and meet chaperones at a designated time. Students may not take their cell phones to the event or on the rides.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mode of transportation to and from event School Bus  
 Date(s) of event Friday, May 10, 2024 (rain date Monday, May 13, 2024)  
 Expected Time of Departure 8:30 am Expected Time of Return 1:00-1:30

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.



# Holy Disciples Catholic School

I hereby understand that by signing this form I am releasing and discharging the Unified Schools of St. Mary Magdalen & St. John the Evangelist (Holy Disciples Corporation), 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 the Unified Schools of St. Mary Magdalen & St. John the Evangelist (Holy Disciples Corporation), the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford)its/their officers, directors, agents, 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 will not attend school and be marked absent for the 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 The Unified Schools of St. Mary Magdalen & St. John the Evangelist (Holy Disciples Corporation), 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: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions
- Diabetes
- Medically prescribed diet

Type of insurance – Please check \_\_\_\_\_ Blue Cross/CMS \_\_\_\_\_ ConnectiCare \_\_\_\_\_ Other

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

Name of child's regular physician \_\_\_\_\_

Physician's Telephone # \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

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