

## Field Trip Acknowledgement and Consent Form

**Name:** \_\_\_\_\_ **Date of Trip:** September 28<sup>th</sup>, 2019

**Time:** 10:00 a.m.-12:00 a.m **Class/Group Sponsoring Trip:** Social Club

**Destination:** Cedar Point (Sandusky, OH) **Transportation:** LakeFront

**Cost:** \$65.00 (The fee covers both the ticket and transportation fare. Students will be responsible for their own food/drink throughout the day).

I understand that my daughter/son will be participating on this educational trip and that school rules are to be observed.

I agree not to hold Padua Franciscan High School or any of its representatives responsible for any injuries sustained by my child while traveling to and from this trip and during the field trip activities.

I give my consent for emergency medical treatment to be given to my child in the event of illness or injury requiring emergency treatment while participating in this school activity.

Is there any important medical condition that your child has that the moderator should be made aware of? \_\_\_\_\_

Please indicate if you daughter/son has any of the following conditions:

Bee Sting Allergy       Other  
 Heart Condition       Diabetes  
 Seizures       Peanut Allergy

Will the conditions checked require any special procedures or medications during this event?

Is additional information on these conditions present in the school clinic?

Please describe any information on conditions, procedures, and medications moderators may need during this event (use the reverse side if necessary).

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Contact Number: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_