

PARENTAL REQUEST FOR FIELD TRIP *Form B In-state
Catholic Schools Office-Diocese of Metuchen

School Cardinal McCarrick High School City South Amboy

Activity Sophomore Class Retreat

Destination St. Bernadette's Parish, Parlin, NJ

Educational Objective Spirituality Enrichment

Supervising Teacher Sr. Mariela, Sr. M. Bridget, Sr. M. Karolyn, and Sophomore Faculty

Departure date/time Wednesday, February 10th, 2010 8:00am

Return date/time Wednesday, February 10th, 2010 2:00pm

Name of bus company CMHS BUSES

This portion to be completed by parent or guardian.

Student's Name _____ Grade _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Health Insurance Company _____

Policy Number _____

Please indicate any special medical problems, dietary needs or allergies. _____

Please list all medications. _____

Family Physician _____ Phone _____

Parent/Guardian: Please read carefully and sign below:

I request that my son/daughter participate in the above-described activity and consent to the mode of transportation indicated.

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above named school to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter en route, during and returning from activity. I further agree to indemnify and save harmless the above named school, parish, the Catholic Diocese of Metuchen, their staff and adult supervisors working on their behalf.

I further understand that school representatives are NOT permitted to dispense medication.

Signature _____ Date _____