RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

FIELD TRIP AUTHORIZATION

Parish/School/Organization: Child's name: Destination and purpose of Field Trip: Date and time of departure: Date and time of departure: Date and time of return: Designated supervisor (s): Cost: Method of transportation: (or) I will transport my child to and from the destination: Parent/Guardian Name: Home Address: Home Address: Home phone: Business Phone: Juderstand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver. Juditorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that it she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses re to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip are powered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that primarily responsible for such expenses. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defendabove-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical reatment in connection with my child attending the event parts of the proper of the pro		n is planning an activity off the premises (a "Field Trip"). We welcome your child's participation in child may participate, we require that you review and sign this authorization. Please return this
Destination and purpose of Field Trip:	Parish/School/Organization:	
Date and time of departure: Date and time of return: Designated supervisor (s): Cost: Method of transportation: Cost: Method of transportation: Parent/Guardian Name: Home Address: Home Address: Home phone: Business Phone: I understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver. I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that I she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses re to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will altempt to obtain permission by telephone before authorizing or consenting to any medical eare for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that primarily responsible for such expenses. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical reatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver from any claims arising from or in connection therewith, and I agree to compensate Parish/School/Organization, its officers directors and agents, chaperones,	Child's name:	
Date and time of return:	Destination and purpose of Fiel	d Trip:
Designated supervisor (s):	Date and time of departure:	
Designated supervisor (s):	Date and time of return:	
(or) I will transport my child to and from the destination:	Designated supervisor (s):	
Parent/Guardian Name:	Cost:	Method of transportation:
Home Address:	(or) I will transport my child to a	nd from the destination:
Home Address:	Parent/Guardian Name:	
understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver. I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that is she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses reto such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that primarily responsible for such expenses. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith. I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I unders and agree to each of the covenants and conditions set forth above.		
associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver. I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that it she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that primarily responsible for such expenses. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith. I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I unders and agree to each of the covenants and conditions set forth above.	Home phone:	Business Phone:
she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses re to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that primarily responsible for such expenses. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith. I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I unders and agree to each of the covenants and conditions set forth above. Parent or Guardian Signature: Parent or Guardian Signature:		
covered by any insurance program maintained by the Parish/School/Organization or the Archdiocese of Denver, and that primarily responsible for such expenses. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (child lagree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defendabove-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith. I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I unders and agree to each of the covenants and conditions set forth above. Parent or Guardian Signature:	she reasonably believes neces to such medical care. I underst	sary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related and and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain my
I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith. I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I unders and agree to each of the covenants and conditions set forth above. Parent or Guardian Signature:	covered by any insurance prog	ram maintained by the Parish/School/Organization or the Archdiocese of Denver, and that I am
above-named Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated witl event, and the Archdiocese of Denver from any claims arising from or in connection with my child attending the event connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Parish/School/Organization, its officers, directors and agents, chaperones, or representatives associated with the event, and Archdiocese of Denver for reasonable attorney's fees and expenses arising in connection therewith. I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I unders and agree to each of the covenants and conditions set forth above. Parent or Guardian Signature:	As parent and/or legal guardian	, I remain legally responsible for any personal actions taken by the above-named minor (child).
and agree to each of the covenants and conditions set forth above. Parent or Guardian Signature:	above-named Parish/School/Or event, and the Archdiocese of connection with any illness or Parish/School/Organization, its	rganization, its officers, directors and agents, chaperones, or representatives associated with the Denver from any claims arising from or in connection with my child attending the event or in injury or cost of medical treatment in connection therewith, and I agree to compensate the officers, directors and agents, chaperones, or representatives associated with the event, and the
Date: Emergency Telephone Number:	Parent or Guardian Signature:	
	Date:	Emergency Telephone Number: