

Father McGivney Catholic High School Field Trip Release Form

Father McGivney Catholic High School ("FMCHS") requests that	at your child
be allowed to go on the field trip to	with FMCHS presently
scheduled to depart on and to ret	turn on
because we believe this trip will benefit our child both education	ally and spiritually.
We understand that all rules of conduct and standards of behavior trip. We further understand that we must assume all responsibilitrom, and during this trip. With this knowledge, we freely assume	ty and liability for our child while traveling to,
We understand that some participants may be traveling by bus or covered by insurance. With this knowledge, we hereby consent trip in either of these manners.	
We further understand that the FMCHS is not responsible for any child's actions or the actions of others. To the greatest extent po of Springfield in Illinois, and all those acting on their behalf, from child as a result of this trip and we agree to indemnify them for a	ssible, we release the FMCHS and the Diocese mall liability for damages to or caused by our
Emergency Contact/Medical Information: (Please Print)	
Father/Guardian	Daytime Phone
Mother/Guardian	Daytime Phone
Address	Phone
Other Contact Person	Phone
Medical Insurance Company	
Company Address	Policy Number
Blood Type Medical Conditions/Allergies	
We hereby also give our consent for our child to receive We hereby also give our consent for photographs of	
Signature of parent/guardian	Date
Signature of parent/guardian	Date