

ST. BARBARA RELIGIOUS FORMATION  
2010 SUMMER BIBLE PROGRAM  
GRADE 5 & 6 ONLY

FIELD TRIP PERMISSION/MEDICAL INFORMATION FORM

**Parents must fill out front & back of this form for all youth Grades 5 & 6 attending field trips!**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in two church-sponsored activities requiring transportation to locations away from the church building. These activities will take place under the guidance and supervision of volunteer chaperones from St. Barbara Parish. Student Cost is \$45.00 (\$22.50/trip). Brief descriptions of the activities follow. **Please note:** The medical release form on the reverse side **must** be filled out.

**Event #1:** Sandcastle Water Park  
**Destination:** Pittsburgh, PA  
**Designated supervisor of activity:** Ken Meyer  
**Date:** Tuesday, June 15  
**Time of departure & return:** Departure at 10:00 a.m. & Return at approximately 5:00 p.m.  
**Method of transportation:** Bus

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**Event #2:** Camp Soles  
**Destination:** Rockwood, PA (near Somerset)  
**Designated supervisor of activity:** Ken Meyer  
**Date:** Thursday, June 17  
**Time of departure & return:** Departure at 9:00 a.m. & Return at approximately 6:15 p.m.  
**Method of transportation:** Bus

**Please check field trips attending:**

**My Child will participate in the Sandcastle Field Trip**

**My Child will participate in the Camp Soles Field Trip**

If you would like your child to participate in one or both of these events, please complete and sign the following statement of consent and release of liability.

As the parent or legal guardian, I realize I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student. I hereby consent to participation by my child, \_\_\_\_\_, Gr. \_\_\_\_\_ in the Sandcastle Field Trip and/or the Camp Soles Field Trip. I understand that these events will take place away from the church grounds and that my child will be under the supervision of designated chaperons on the stated date(s). I further consent to the conditions stated above on participation in these events, including the method of transportation. I have insurance and feel that my accident insurance and hospitalization is adequate to meet all medical expenses. I understand that under no circumstances is St. Barbara Church, or the Diocese of Greensburg or any of the adult chaperons responsible or liable for any injuries sustained by the above youth, due to participation in the activities during the above stated date(s), or for any bills or expenses incurred as a result of any such injuries, and specifically indemnify and hold harmless St. Barbara Church and the Dioceses of Greensburg from such claims for any such injuries.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**I am willing to chaperone at Sandcastle (Chaperone Cost \$12)**

\_\_\_\_\_  
**I am willing to chaperone at Camp Soles**

**PLEASE FILL OUT MEDICAL RELEASE FORM ON REVERSE SIDE**

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2010 SUMMER BIBLE PROGRAM  
GRADE 5 & 6**

**FIELD TRIP PERMISSION/MEDICAL RELEASE FORM**

**Information Below MUST be filled out for all youth Grades 5 & 6 attending field trips.**

Dear Parents,

Your child is signed up to attend Grade 5 & 6 field trip for the Summer Bible Program at Sandcastle in Pittsburgh, PA and Camp Soles in Rockwood, PA. The Diocese of Greensburg now requires that we have the following medical information for all field trips. Please fill out all the information below.

Youth Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Identification No. \_\_\_\_\_ Group/Policy No. \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

I give permission for my child to be treated in case of an emergency:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact (if parents cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE SEE REVERSE SIDE OF FORM**