

FIELD TRIP REGISTRATION

Place of Field Trip: _____

Date of Field Trip: _____

Name: _____ Age: _____ Sex: _____ Phone No. _____

Address: _____ City: _____ State _____ Zip _____

School: _____ Grade: _____ Birthday: _____ Parish _____

PERMISSION

I/we the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned Field Trip on the above written dates.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this field trip, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to Our Lady of Joy or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature: _____ Parent/Guardian Phone No. _____

Insurance Company: _____ Policy No. _____

Name and Phone No. of Person if parent/guardian is not available: _____

PERMISSION FORMS ARE NEEDED FOR THE FOLLOWING EVENTS: Please return this form by September 30, 2008. *Please initial all events you give your child permission to participate in.* All dates, times and costs are subject to change – please watch the church bulletin for announcements. Event reminders will be sent home through CCD.

Event	Date/Time	Cost	Initial all events able to attend
Family BonFire – Kunkle Park	Saturday Oct. 4 th 7:00 PM	FREE	
All Night Bowling – Nesbit Lanes	Saturday Oct. 25 12 Midnight –3:30 AM	\$10.00	
Youth Faith Rally – Seton-LaSalle Catholic High School	Friday November 7 th 7:00 PM – 9:00 PM	\$10.00	
Knights of Columbus Food Drive – Around Plum Boro Neighborhoods	TBA	Donation to Food Pantry	
Movie Night – Church Hall	Monday, December 15 7:00 PM – 9:00 PM	FREE	
Game & Movie Night – Church Hall	Tuesday, January 20	FREE	
Love Walk for the Poor – Shadyside	TBA	Donation to Food Pantry	
Mardi Gras – Church Hall	Tuesday, February 24	FREE	
Monster Golf – Indoor Putt-Putt – Pgh Mills	Saturday, February 28	?	
Guest Speaker		FREE	
Volleyball – Larry Mills Park	Sunday, March 29	FREE	
Jr. Youth Ministry Mass – OLOJ	Saturday, April 18	FREE	

CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Parent/Legal Guardian

Date: _____ This consent will remain effective until _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes....

1) Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows.

Signature: _____ Date: _____

2) I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: _____ Date: _____

3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

Is child subject to chronic homesickness, emotional reactions to new situations, fainting? Yes _____ No _____

If yes, please explain: _____
