



KENNEDY CATHOLIC HIGH SCHOOL



Parental Request For Child's Participation In A School Sponsored Field Trip

Name of Student: _____

Date: _____

Address: _____

Home Phone: _____

We(I), the undersigned, hereby grant permission for our(my) daughter/son named above (herein after referred to as "said student") to participate in the following student travel activity:

Destination: _____

Trip Date: _____

Departure Time: _____

Approximate Return Time: _____

Means of Transportation: _____

We(I) grant permission for said student to participate in the planned activities of the travel, and to travel by car, bus, train, airplane, and other means of transportation as required.

We(I) release John F. Kennedy Catholic High School, and the Office of the Superintendent of Schools of the Archdiocese of New York, and all their official representatives, from any and all liability in case of accident or injury incurred during the school trip.

In case of illness or injury to said student we(I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

My child has medical coverage: Yes No

Health Insurance Company: _____

Policy No.: _____

Authorization: _____

(Signature of Parent or Guardian)

Parents Comments: Specify any special medical or other such instructions you would like considered.

Reminder: Students are responsible for making up all missed work and assignments.