

PARENT PERMISSION SLIP FOR FIELD TRIP

Student: *(Please Print)*. Name _____ Brithday _____ Male Female _____ Grade _____

Address: _____

Phone: _____ email: _____

I, the parent or guardian of the above named student, give my permission for my child to participate in the field trip described as follows:

Start date: 2/20/26 Start time 6pm Start Location: Birchwood campground 17161
David Blackburn Road Chugiak, AK 99567

End date: 2/22/26 End time 9:30am End Location: Same as start

Sponsoring Entity: Parish/School/Archdiocese: Cathedral of Our Lady of Guadalupe Parish _____

Destination and purpose: Confirmation retreat _____

Event Facilitator(S): Patricia Whited, Fr. David Nations CM _____

Medical Information and Release

The following special health problems concerning my child should be noted – if none, please check

- None Heart condition Allergy (specify below whether food, bee sting, etc.). Asthma Diabetes
- other _____

Describe condition noted above with particularity, including any medications or other instructions:

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child’s physician: _____ Physician’s phone number: _____

Parent/Guardian contact #: (home): _____ (work): _____ (cell): _____

Alternative emergency contact: _____ phone #: _____

Relationship to child: _____

Financial Responsibility: I understand that the Cathedral of Our Lady of Guadalupe does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance. I have read the information, verifying its accuracy, and agree to the statements made above and give permission for my child to attend this trip:

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Anchorage-Juneau, a corporation sole and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Name of Parent/Guardian: *(Please Print)* _____

Parent / Guardian Signature: _____ Date: _____