



Field Trip Form

**DIOCESE OF LA CROSSE
SUPPLEMENTAL MEDICAL INFORMATION AND
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: _____

My child has my permission to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from **Notre Dame Middle School**

A brief description of the activity follows:

Date of Event **Saturday, March 21, 2020** Cost of Event: **\$90.00**

Type of Event: **Rise Up-Twin Cities, Middle School Conference**

Destination of Event: **Providence Academy in MN, Activity/Food stop after**

Individual in Charge: **Erica Boehm, Campus Minister**

Estimated time of Departure & Return: **6:45am-10pm** /

Mode of Transportation to and from Event: **School Van/Bus**

Meal Arrangements: **Lunch included, bring \$ for dinner**

I acknowledge that I have previously completed the Comprehensive Child Consent and Release Form, providing medical information, permissions, authorizations and releases pertaining to my child. I have listed below any additions and/or corrections to the information provided on that form:

Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Signature: _____ Date: _____

Parent e-mail: _____

****The transportation and times may change depending on how many people sign up and the activity chosen. Ms. Boehm will inform parents as plans are updated.****