

Event Specific Consent and Release

St. Ann School/Parish
Trip/Event Consent
and Release

My child _____ has my
permission to attend _____ --
on _____

I understand that the participants will travel via _____

To/from the event venue.

I understand that my child will be chaperoned by responsible adults and that he/she will
be expected to abide by all rules stated in the Saint Arm Student/Parent Handbook.

By signing this, I release Saint Ann Parish and the Diocese of Wilmington from any and
all liabilities and waive all claims against them. I also give my permission for the event
coordinator and other qualified adults to obtain proper medical treatment for my child
should it become necessary.

Event Coordinator: _____

Signature of Parent/Guardian _____

Insurance Carrier/Number _____

Date:

Medication Taken/Additional Medical Instructions:

Emergency Contact Name/phone number: