Parent Request for School Field Trip Transportation

I hereby request that Mercy High School, B		ughter					, to participate
Thereby request that wierey ringh School a	illow illy da	iugiiici,		name)			, to participate
in the educational field trip to Mercy HS,		ion o	n <u>04/08/16</u>	_ from7			
`	estination)		(date)	,	rt time)	(end time)
The educational purpose of this school fie	ld trip is	Senior N	Night at the M	lansion .	<u>.</u>		
Students need to provide their own transpo	ortation to a	nd from	this event.				
I agree, to the extent permitted by law, the above named activity, including transport (active or passive) of the school, or any hospital, medical or related costs and experior any available benefit plan of mine or medical or related costs.	tation to and of its agent enses will fi	d from to	the activity, v	whether or course for	not cove	red b nent	y the negligence of any resulting
Should it be necessary for my daughter request the school personnel use their j physician selected by the school personnel	udgment ir	n obtain	ing medical	service fo	r my chi	ild aı	nd I request the
I agree that in the event my daughter vio action upon returning to school. Should the required to arrange for the student's imme	he violation	be of a	serious natur				
Child's Full Name			Birth Date				
Parent or Guardian (Print)			Signature				
Parent or Guardian (Print)			Signature				
Street Address	City				Zip)	
Home Phone		Work	Phone		_		
Cell Phone		Date					
Person(s) (other than parent) to notify	in case of e	mergen	cy:				
Name	F	Phone					
Name of Physician			Phone				
Name of insurance carrier							
STUDENT CELL PHONE:							