

## FIELD TRIP PERMISSION FORM

Tickets will go on sale February 6-8 during lunches. If you purchase your ticket at school, only cash, check or a money order made out to Tampa Catholic High School. There will be NO ticket sales after February 8. If you do not have this permission slip turned in by February 28, 2017, you will not be eligible to go. For dress code requirements, click here. <https://www.universalorlando.com/Events/Grad-Bash/Dress-Code.aspx>

Curriculum Goal: N/A

Supervising Teacher: Shannon Norden

Destination: Grad Bash Universal Theme Parks

Cost: \$130.00 per person

Date & Time of Departure: April 28, 2017 3:00 pm

Date of Return: April 29, 2017

Transportation: Private Buses

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### INFORMATION ABOUT THE STUDENT PARTICIPANT

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

**Medical Information:** Please list all information pertaining to allergies, diet, health conditions, special medication, or any other information necessary in an emergency situation.

**Explain:** \_\_\_\_\_

\_\_\_\_\_

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### CONSENT AND RELEASE

**General:** I hereby request and give permission for my youth to participate in the above even. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, on behalf of my student named above, do hereby release, consent not to sue, and save harmless: the Most Rev. Robert Lynch, Bishop of the Diocese of St. Petersburg, Tampa Catholic High School, and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my student as a result of their participation in the event. **INITIAL:** \_\_\_\_\_

**Medical:** I request the School representative to obtain medical treatment for my student in the unlikely event of injury or illness during this event if I am unable to be contacted. Furthermore, I agree to pay any expenses incurred for such treatment.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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