

Name of School Our Lady of The Visitation
Address 3180 South Road
City, State, Zip Cincinnati, OH 45248

Month, day, year
September 1, 2015

To: The Principal / Name of School

I, _____ (name), parent/legal guardian of _____ (student's name),
grant permission for my child/ward to participate in the school field trip as described below.

Destination: "The Banks" and Smale Park, Downtown Cincinnati

Trip duration: From 10/2/15 to 10/2/15

Purpose & Learning Objective: Students will take digital photographs of the Public Artwork, Urban Landscape, and Architecture to use in a photography and design project.

Scheduled time of Departure: 3:00

Scheduled time of Return: 5:30

Cost of Activities/Trip: _____

Class/Grade: Art Club, Grades 6-8

Name of Teacher/Adults in Charge: Mrs. Ranel, Mrs. Kellar, Ms Greiner

Emergency Contact phone number of Adult in charge: 513-673-3047

Details of Transportation: All students and adult chaperons and teachers will ride an Oak Hills School Bus.

Child's Medical Information

Medical Restrictions/Allergies: _____

Necessary prescriptions: _____

Food Restrictions: _____

Parent/Guardian's Name: _____

Communication Address: _____

Emergency Contact Phone Number: _____

I agree to authorize the school authorities to treat minor students in the event that I cannot be reached in an emergency. I hereby permit the concerned school authorities to call 911 and/or to contact a medical facility or physician selected by the school to provide proper treatment to the above named student. I will be responsible for all expenses arising in association with such treatment.

Prescription or Over-the-counter Medication - I certify that I have in my file in the school office, a current profile enlisting necessary medication that the above named student must take.

Acknowledgment of Notification Regarding Risk hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of 'high risk' to the participants.

Indemnity and Waiver of Claim, the undersigned, parent/legal guardian of above named student, hereby agree to indemnify and hold harmless the school, its employees, volunteers, the school district, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Parent's Signature: _____ Date: _____