



Our Lady of Lourdes Catholic School

1065 East 700 South, Salt Lake City, Utah 84102 * 801-364-5624 * Fax 801-364-0925
LLC Series 211

FIELD TRIP PERMISSION FORM

Student Name: _____

Date of Field Trip: January 6, 13, 20, 27, February 3, and 10

Destination: Snowbird Ski Resort

Transportation by: bus

Teacher/Advisor: Darren Williamson and parent chaperones

Cost (if applicable): \$ 258.00 Please Bring: Ski/Snowboard equipment including helmet

I, the undersigned parent or legal guardian of the above named student, request that the school allow my child to participate in the above named school field trip. I hereby release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my child and for any loss of property as a result of this trip.

Medical Permission Form:

I, the undersigned parent or legal guardian of _____, a minor, do hereby appoint advisors and/or chaperones as agent(s) for the undersigned for the purpose of authorizing and signing consent for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the nearest emergency hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his/her best judgment may deem advisable.

Parent / Legal Guardian Signature

Date

Address

City/State

Zip

Phone # where you can be reached