

SAINT JOHN NEUMANN CHURCH
2230 ROCHESTER ROAD PITTSBURGH, PA 15237
412-366-5885

**PERMISSION FORM FOR 6TH GRADE
FIELD TRIP TO WORLD VISION
FEBRUARY 2, 2013
8:30 AM – 12:30 PM**

NAME: _____

SEX (CIRCLE ONE): M F

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

PERMISSION

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child give the permission of my/our child to participate in the above mentioned Field Trip on the above written date.

MEDICAL AUTHORIZATION

In the event of injury or illness to my/our child during his/her participation in the one-day program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to St. John Neumann Parish, the chaperones, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

PARENT/GUARDIAN SIGNATURE(S): _____

PARENT/GUARDIAN TELEPHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

NAME & PHONE NUMBER OF EMERGENCY CONTACT:

PLEASE LIST ANY FOOD ALLERGIES _____

(NAME OF PARENT/GUARDIAN) _____ IS WILLING TO:

_____ DRIVE & CHAPERONE _____ # OF PASSENGERS INCLUDING DRIVER



World Vision

World Vision Gifts in Kind Pittsburgh Distribution Center

Authorization and Release (Adult)

I hereby understand and agree:

1. My participation in World Vision's GIK activities is as volunteer and not an employee.
2. To assume all risks and liabilities that may result from my participation as a volunteer, and to release and forever discharge and hold harmless World Vision, its employees, representatives, and agents from any and all actions, cause of action, claims, demands, and liabilities arising out of injury to or damage sustained by me;
3. To indemnify World Vision against any and all liability or loss, and against all claims or actions arising out of damage or injury to person or property, caused by me; and
4. That as a condition of my being a volunteer, I will provide complete medical insurance coverage for any medical expenses that may be incurred as a result of my volunteer activities.
5. I authorize World Vision to publish, copyright, and lawfully use any photographs or film footage taken of me and any statements or testimonials made by me as a volunteer.

Date: _____

Name: _____

Signature: _____

Organization Name: _____

Authorization and Release (Minor)

I/We the parent(s) or the guardians(s) of _____
authorize my/our child to participate as a volunteer in all World Vision GIK activities.

1. To assume all risks and liabilities that may result from my/our child's participation as a volunteer, and to release and forever discharge and hold harmless World Vision, its employees, representatives, and agents from any and all actions, cause of action, claims, demands, and liabilities arising out of injury to or damage sustained by my/our child;
2. To indemnify World Vision against any and all liability or loss, and against all claims or actions arising out of damage or injury to person or property, caused by my/our child; and
3. That as a condition of my/our child being a volunteer, I will provide complete medical insurance coverage for any medical expenses that may be incurred by my/our child as a result of his/her volunteer activities.
4. I/we authorize World Vision to publish, copyright, and lawfully use any photographs or film footage taken of my/our child and any statements or testimonials made by my/our child as a volunteer.

Date: _____

Name of Minor: _____

Minor Signature: _____

Parent or Guardian Signature: _____

Organization Name: _____