



All Saints Catholic School
2700 N. Kentucky Ave.
Roswell, NM 88201
phone 575-627-5744
www.allsaintsroswell.com
"Building Saints Forever"

Field Trip Permission Form

Student's Name _____
Last First Middle

Student's Address _____
Street/Road P.O. Box Apt # City Zip Code

Mother's Full Name _____ Daytime Phone _____

Father's Full Name _____ Daytime Phone _____

Alternate Emergency Contacts (Local people to contact if parents cannot be reached)

1. Name _____ Phone _____

2. Name _____ Phone _____

INSURANCE INFORMATION

Students Insurance _____ Subscriber's Name _____ ID Number _____

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary.

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

If, for any reason, the above listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. I give permission to administer basic first aid to my child following school protocol.

Hold Harmless Agreement

I agree to protect, indemnify, save and keep harmless Assumption Catholic Church / All Saints Catholic School, and the Catholic Diocese of Las Cruces against and from any and all loss, cost, damage, or expense, arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify and save and keep harmless, the above mentioned parties from any and all such claims occurring on this date.

I hereby consent to participation by my child in the event described above. I further consent to the conditions stated above on the participation in this event, including the method of transportation.

Parent / Guardian Name (please print) _____

Parent / Guardian Signature _____ Date _____