

OUR LADY OF LOURDES SCHOOL
Milltown, New Jersey 08850

REGISTRATION FORM FOR SPECIAL ACTIVITIES AND FIELD TRIPS
DIOCESE OF METUCHEN – OFFICE OF SCHOOLS

School/Location _____ Cost to Student _____

Activity _____ Educational Objective _____

Destination _____ Phone _____

Supervising Teacher _____ Phone/Cell _____

Departure date/time _____ Return date/time _____

Mode of Transportation/Bus Company _____

This portion to be completed by parent or guardian

Student Name _____ Grade _____

Parent/Guardian _____ Phone home/cell _____

Address _____ City _____ State _____ Zip _____

Health Insurance Company _____

Policy Number _____

Please indicate any special major medical problems, dietary needs or allergies _____

Family Physician _____ Phone _____

Parent/Guardian: Please read carefully and sign

I request that my son/daughter participate in the above described activity and consent to the mode of transportation as indicated.

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above named school to act on my behalf and approve appropriate treatment.

I specifically waive any and all claims of any nature I may have against the above named school, the Roman Catholic Diocese of Metuchen, their representatives, employees, agents, and assigns (including, but not limited to, staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my son/daughter en route to, during, and/or returning from the activity.

I further understand that school representatives are NOT permitted to dispense medication, unless official documentation is already on file in the school office.

During the hours of this trip, I can be reached at (Phone number/cell number) _____

Signature _____ Date _____

Notary signature (if necessary) _____ Date _____

My child will NOT be attending the trip: _____

Parent Signature