

## Permission Form

We (I), as parent(s) or legal guardian(s) of \_\_\_\_\_,

**Student's name (Please Print)**

Wednesday, May 16<sup>th</sup>, 2018

give permission for our child to go to: Garden State Discovery Museum  
2040 Springdale Rd.  
Cherry Hill, NJ 08003

This permission includes all related programs or events associated with the trip. In consideration for our (my) child's participation, we(I) and our (my) child agree and understand that we (I) assume the risks inherent in the trip, and with full knowledge of the risks, agree to release and hold harmless St. Katherine of Siena School, St. Katherine of Siena Parish, and the Archdiocese of Philadelphia, their employees and representatives, from claims arising or relating to our (my) child's participation.

Our (my) child understands and agrees to abide by all the rules and regulations established by the school pertaining to such field day.

We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of our (my) child's participation.

Insurance: \_\_\_\_\_

Group # : \_\_\_\_\_

I.D. #: \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**