



MCC | MELBOURNE CENTRAL CATHOLIC

100 E. FLORIDA AVENUE, MELBOURNE, FL 32901
tel: 321.727.0793 | www.melbournecc.org

DIocese of Orlando Field Trip Permission Form and Release of Liability for Melbourne Central Catholic High School

I am the parent/guardian of _____, and give permission for my child to travel in _____
(Student Name)
_____ to attend the field trip to _____ on _____
(Mode of Transportation) (Field Trip Location) (Date)

I acknowledge that Melbourne Central Catholic is responsible for transportation only from the school's property to the event, and that I must bring my child to Melbourne Central Catholic High School by _____ and pick up my child after the event at _____
(Departure Time) (Returning Time)

My child must comply with Melbourne Central Catholic High School's field trip procedures. By granting permission, I also waive any claims against, and release and hold harmless, Melbourne Central Catholic High School, the Diocese of Orlando, and any of their religious, employees, volunteers, agents, and representatives, from any harm that occurs to my child during the field trip.

In the event that my child requires medical treatment or transportation for medical care, Melbourne Central Catholic High School will attempt to contact me at the numbers listed below. If they are unable to reach me, Melbourne Central Catholic may contact the designated emergency contact at the numbers listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian Signature

Date

Parent/Guardian (Print Name)

Emergency Contact (Print Name)

Home Phone Number _____
Cell Phone Number _____
Work Phone Number _____

Home Phone Number _____
Cell Phone Number _____
Work Phone Number _____

My child is covered by the following medical insurance:

Insurance Company Name: _____ Group #: _____

Allergies: _____ Chronic/Acute Illnesses: _____

Melbourne Central Catholic High School
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