

JSP

DIOCESE OF VENICE IN FLORIDA

*Notification of Trip and Event
For Catholic school students, youth groups, and religious education students*

To be completed by trip/event leader:

CATHOLIC SCHOOL:	<u>Bishop Verot High School</u>
or PARISH NAME (for Religious Ed/Youth Outreach):	_____
TRIP/ EVENT*:	<u>Junior / Senior Prom</u>
GRADE, CLASS or GROUP:	<u>12th</u>
PLACE OF EVENT:	<u>The Sidney & Berne Davis Art Center</u>
NAME OF TRIP/EVENT LEADER:	<u>Seán Boyan</u>
NATURE OF ACTIVITY:	<u>Celebration</u>
DATE(S):	<u>4/8/2017</u>
TIME EVENT BEGINS:	<u>8:00 pm</u>
ENDS:	<u>11:00 pm</u>
PLACE OF DEPARTURE/RETURN:	<u>N/A</u>
MODE OF TRANSPORTATION:	<u>N/A</u>

*If this is a sporting event, Competition Schedule should be attached

Participant's Name _____

Phone # of person legally responsible:

Cell: _____

Home: _____

Work: _____

Address of participant _____

E-mail (of parents/guardian for minor) _____

Emergency Contact Name (other than parent/guardian) _____

Emergency Contact Phone #s:

Cell: _____

Home: _____

Work: _____

Parent/Guardian Name (Printed) _____

JSP

This event notification is furnished in accord with the provisions of the *Consent, Release of Liability and Indemnification Form for Trips and Events of Diocesan Schools/Youth Outreach/Religious Education Programs* previously executed by the undersigned parent/guardian of a minor participant or adult participant, _____, and I understand that the terms of that agreement apply to this event.

Signature of Minor's Parent/Guardian or Adult Participant Date signed

Please return by _____ to _____.
Thank you.

In the case of field trips for which a school/parish owned bus or a chartered commercial bus is not used, the following must be signed:

I understand that the school is not responsible for the transportation of students for the field trip.

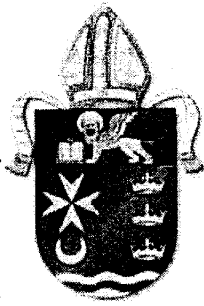
Check one:

I will drive my own child to and from the event.

I give permission for my child to ride with the following volunteer driver:

I understand that volunteer drivers do not have CDL licenses and have only standard insurance coverage.

Signature of parent/guardian _____



GB

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CATHOLIC SCHOOL:	<u>Bishop Verot High School</u>
or PARISH NAME (for Religious Ed/Youth Outreach):	_____
TRIP/ EVENT*:	<u>Grad Bash</u>
GRADE, CLASS or GROUP:	<u>12th Grade</u>
PLACE OF EVENT:	<u>Universal Studios, Orlando</u>
NAME OF TRIP/EVENT LEADER:	<u>Seán Boyan</u>
NATURE OF ACTIVITY:	<u>Celebrating the Class of 2017</u>
DATE(S):	<u>4/29-4/30/17</u>
TIME EVENT BEGINS:	<u>12:00 PM</u>
ENDS:	<u>5:45 AM</u>
PLACE OF DEPARTURE/RETURN:	<u>Bishop Verot High School</u>
MODE OF TRANSPORTATION:	<u>bus</u>

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Participant's Name _____

Phone # of person legally responsible:

Cell: _____

Home: _____

Work: _____

Address of participant _____

E-mail (of parents/guardian for minor) _____

Emergency Contact Name (other than parent/guardian) _____

Emergency Contact Phone #s:

Cell: _____

Home: _____

Work: _____

Parent/Guardian Name (Printed) _____

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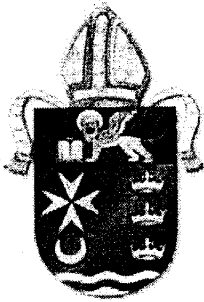
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Signature of parent/guardian _____



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CATHOLIC SCHOOL:	<u>Bishop Verot High School</u>
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TRIP/ EVENT*:	<u>Senior Service Day</u>
GRADE, CLASS or GROUP:	<u>12th Grade</u>
PLACE OF EVENT:	<u>Centennial Park, Ft. Myers</u>
NAME OF TRIP/EVENT LEADER:	<u>Seán Boyan</u>
NATURE OF ACTIVITY:	<u>service to the community</u>
DATE(S):	<u>5/5/17</u>
TIME EVENT BEGINS:	_____ ENDS: _____
PLACE OF DEPARTURE/RETURN:	<u>N/A</u>
MODE OF TRANSPORTATION:	<u>N/A</u>

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Participant's Name _____

Phone # of person legally responsible:

Cell: _____

Home: _____

Work: _____

Address of participant _____

E-mail (of parents/guardian for minor) _____

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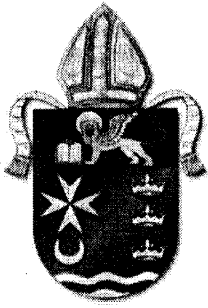
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MA

DIOCESE OF VENICE IN FLORIDA

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian