

PARENT PERMISSION FORM FOR FIELD TRIP

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Montini Catholic School. A brief description of the activity follows:

Name of Event:

Destination:

Designated Supervisor of Activity:

Date and Time of Departure:

Date and Time of Return:

Method of Transportation:

Cost:

NO REFUNDS

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Print Parent's name

Parent's signature

In case of emergency: _____

Home phone

Work phone

Doctor's name

Doctor's phone

Date

If you and/or your physician of choice, as indicated above, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to take your child to an available hospital or physician? Yes _____ No _____

Parent Signature _____ Date _____