

# PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

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 All Saints Catholic School. A brief description of the activity follows:

Destination:

Educational Purpose:

Designated Supervisor of Activity:

Date and Time of Departure:

Date and Anticipated Time of Return:

Method of Transportation:

Student/Chaperone Cost:

Dress Code:

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 request and give permission for my child, \_\_\_\_\_ to participate 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. I also give the school permission to obtain emergency medical treatment for my child during the course of this trip.

If you can help with chaperoning/driving, please sign below:

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Phone – Day and Evening

\_\_\_\_\_  
Date

**Please return this entire form by:**