

To the principal of _____

I request that my child, _____

be allowed to participate in the field trip to _____

DATE: _____ DEPARTURE TIME: _____ RETURN TIME: _____

I understand that transportation will be provided by _____

My child will be instructed by me to cooperate fully with the directions and instructions of the supervisory personnel in charge of the field trip.

Should there be a medical emergency, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine or that of my spouse. Accident insurance carried by the school is designed to provide supplemental coverage to any insurance carried by the parents/guardians.

I understand field trips are part of the curriculum, and that students will be responsible for completing any work related to the field trip.

In keeping with the Educational Mission and Purpose of diocesan schools, all field trips will have an educational purpose. The educational purpose of this trip is

A description of this trip/activity is:

Note: If a student is 18 years of age or older, the student's signature is required.

Student Signature if 18 _____ Date _____

Parent or Guardian Signature _____ Date _____

DRIVER INFORMATION

Yes. I will drive for the field trip

I can accommodate _____ students with seat belts. (Do not count yourself, the driver. If you have a front passenger seat airbag, do not use that seat for a student.)

My liability insurance is with _____

Yes. A copy of my driver's license is on file in the school office.

This is the only notification of this field trip that you will receive. Your child will not be allowed to participate in this field trip unless this form is complete.

Student Name

Parent or Guardian Signature

Date