

**Saints Felicitas and Perpetua School
Field Trip Permission Slip**

Grade _____ Date Permission slip is going home: _____

Date of Field Trip: _____ Time: _____

Place: _____

Educational Objectives of Field Trip: _____

Means of Transportation will be by: _____ Bus _____ Car

If transportation is by car, I request that my son/daughter ride with: _____

I request that my son/daughter be permitted to participate in the above field trip. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the field trip described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the school permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

_____ Date: _____

Parent/Guardian Signature

_____ Please print name of person signing this form

_____ Please print student's name

Parent/Guardian can be reached during the field trip at:

_____ Home phone

_____ Mother's Work phone number

_____ Father's Cell phone number

_____ Fathers Work phone number

_____ Mother's Cell phone number

_____ Guardian's phone number

THIS SIGNED FORM MUST BE RETURNED TO _____

BY _____ IN ORDER FOR STUDENT TO ATTEND THIS FIELD TRIP. Only this signed form can be accepted as permission for this field trip, as the teacher will carry this form with him/her during the duration of the field trip. Therefore, no verbal permission will be accepted.