St. Mary Magdalene Catholic School

Field Trip Permission Form

Dear Parent or Legal Guardian,

Your child or guardianship is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the supervision of teachers, staff, and parents of St. Mary Magdalene School. A brief description of the activity follows:

Activity: _____

Destination: _____

Designated Supervisor of the Activity: _____

Date and Time of Departure: _____

Date and anticipated time of Return: _____

Method of Transportation: _____

If you would like your child to participate in this event, please complete, sign and return the following statement and release of liability. As a parent, 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 placed away from school grounds and that my child will be under the supervision of the designated school employee on the stated date(s). I further consent to the conditions stated above on participation in this event, including the method of transportation.

I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every effort will be made to contact me. If I can not be reached, however, I hereby give permission to the physician selected by the teacher in charge or adult chaperon(s) to hospitalize and secure proper treatment (including surgery) for my child.

_____ _____

Parent or Guardian Signature Date

Accident/Hospitalization Policy Name: _____

Policy Number: _____

Please return this form by: _____

I can be reached on the day of the field trip at: _____

Phone Number: _____