

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 premises. This activity will take place under the guidance and supervision of employees from St. Monica School. A brief description of the activity follows:

Name of Event/Field Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Return Time: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Student Cost: \_\_\_\_\_

Each child will need to bring the following items: \_\_\_\_\_

\_\_\_\_\_

Appropriate dress for this trip would be: \_\_\_\_\_

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 the actions and conduct of your child.

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\_\_\_\_\_ has my permission to participate in the field trip to \_\_\_\_\_

\_\_\_\_\_. I understand that this event will take place 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.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless, St. Monica School, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in the field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

Date: \_\_\_\_\_

My child has these special needs: \_\_\_\_\_

\_\_\_\_\_

Please return the bottom half of this form to: \_\_\_\_\_ by \_\_\_\_\_  
(person) (date)

