

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 Peninsula Catholic High School. A brief description of the activity follows:

Name of Event:

Educational Objective:

Destination:

Designated Supervisor of Activity:

Date of Departure:

Time of Departure:

Date of Return:

Anticipated Time of Return:

Student Cost:

Method of Transportation:

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 a 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.

(Please list any allergies or other medical issues your student has on the reverse.)

(Parent's Signature)

(Print Parent's Name)

(Date)

Please return this entire form by: _____

Teacher's Signatures:

Homeroom: _____

1: _____

2: _____

3: _____

4: _____