

St. Joseph School

FIELD TRIP

Information

To: Parent/Guardian

Your child 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 from _____ School. A brief description of the activity follows:

Educational Purpose:

Destination:

Designated Supervisor of Activity:

Date and Time of Departure:

Time of Return:

Method of Transportation:

Student Cost:

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/Guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

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Permission

I/We, the Parent(s)/Guardian(s) of _____ request that St. Joseph School

Allow my child to participate in _____.
activity/trip

In consideration for making the arrangements for this trip, I/we hereby release and save harmless the Local School, all its employees and the Diocese of Austin from any and all liability arising to my child as a result of this trip. I also agree to allow my child to travel on this trip in a Private Vehicle.

If emergency treatment is required for my child, I/we authorize the Local School personnel to follow our EMS regulations in caring for my child.

I/we agree that it is my/our responsibility to arrange for my/our child to be transported home at my/our expense in the event my/our child breaks School and/or trip rules.

Parent's signature: _____ Date: _____

Parent's signature: _____ Date: _____

When possible, both parents should sign this form.