

**FIELD TRIP PERMISSION**  
**Catholic Schools Office**  
Archdiocese of Galveston-Houston

Description of Field Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Supervision: \_\_\_\_\_ Ratio of adults to children: \_\_\_\_\_

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ Cost/student: \_\_\_\_\_

Objective of Field Trip: \_\_\_\_\_

Specific Materials to be Brought: \_\_\_\_\_

**Instructions to Students**

1. Do exactly what the Teacher requires.
2. Stay with the group at all times.
3. Use your best manners

**Permission**

By signing this form, I/we \_\_\_\_\_ certify that I/we request and give  
(Parent or Guardian)

permission for \_\_\_\_\_ to go on this Field Trip.

I/we have given the instructions required above, and I/we release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip and waive any claim against them.

\_\_\_\_\_  
(Signature of Parent or Guardian)

**Emergency Information**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Medical Ins. Carrier

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Preferred Hospital

\_\_\_\_\_  
Phone #

I/we give permission for \_\_\_\_\_ to be transported by ambulance and/or to be treated in the event of a medical emergency.

\_\_\_\_\_  
(Signature of Parent or Guardian)