

HOLY ROSARY CATHOLIC SCHOOL  
ROSENBERG, TEXAS

FIELD TRIP PERMISSION

Description of Field Trip

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

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

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

Date: \_\_\_\_\_ Departure time: \_\_\_\_\_ Return: \_\_\_\_\_

Objectives 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. \_\_\_\_\_

Permission

By signing this form, I/we \_\_\_\_\_  
(Parent or Guardian)

certify that I/we request and give permission for \_\_\_\_\_  
to go on this Field Trip. (Student)

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 claims against them.

\_\_\_\_\_  
Signature of Parent or Guardian

Emergency Information

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

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Cell Phone

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Policy No.

\_\_\_\_\_  
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 of Guardian