



# St. Philip's School

702 Beltrami Ave. NW Bemidji, MN 56601 (218) 444-4938  
school@stphilipsbemidji.org

## FIELD TRIP PERMISSION SLIP

EDUCATIONAL PURPOSE: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ DEPART: \_\_\_\_\_ RETURN: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

SPECIAL NOTES: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

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Dear Parent/Guardian,  
Please sign the request and permission form below and return it to school on your daughter/son's next school day. If you have any questions, please call me at St. Philip's School, 444-4938.

Sincerely,

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**FIELD TRIP PERMISSION FORM**

I the parent/guardian of \_\_\_\_\_ grade \_\_\_\_\_

Request that the school allow my child to participate in the field trip to \_\_\_\_\_

I hereby release and save harmless the school of St. Philip's and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this activity.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date