



(school/parish)

FIELD TRIP/EVENT PERMISSION SLIP

No student will be permitted to participate in school or church sponsored events without a permission slip.

NOTE: Only those adults/chaperones who are SAFE ENVIRONMENT-compliant AND have been given permission by the school principal or pastor will be allowed to attend the school or church sponsored trip.

TRIP NAME:
STUDENT NAME/Grade:
WHEN:
WHERE (Include Facility Phone Number):
TIME:
Mode of transportation :

LEAVING: RETURNING :

Description of Event and Activities:

Lead Adult Chaperone:

Lead Adult Contact Information:

Phone: Email:

Please check off (✓) to be sure your child has everything he/she needs for this trip

COST PER STUDENT: (covers fees and/or travel)

WHAT TO WEAR:

WHAT TO BRING:

Permission Slip and/or Fee are due by:



OPTIONAL: PLEASE KEEP TOP PORTION AS YOUR REMINDER!!!



I, (PRINT Parent/Guardian Name), give my child, (PRINT Student FIRST Name) (PRINT Student LAST Name)

permission to go to (Trip Location / City) (Trip Date)

Parent/Guardian: Initial below and full signature at the bottom of form.

I shall not hold the Catholic school, Catholic church, Diocese of Victoria, those organizing or supervising the trip, or any vehicle driver or owner responsible for any injury or accident that may occur.

I hereby assume responsibility for any other expenses, costs or damages incurred as a result of injuries to my child/ward, or anyone else claiming damages as a result of any injury sustained by my child/ward.

I understand as a condition for allowing my child/ward to attend a field trip or any school or church sponsored trip that there may be special rules and/or conditions with which my child/ward must comply.

As parent or legal guardian, I agree to defend, indemnify, and hold harmless the Catholic school named above and the Diocese of Victoria, its clergy, officers, agents, employees, and volunteers from any claims, costs, or expenses for property damages, personal injuries, or other damages arising out of my child's/ward's participation in the above-mentioned activity.

I acknowledge that I have read and understand this consent form and sign it voluntarily, with full knowledge of its meaning and significance.

Parent/Guardian Signature / Date Parent/Guardian Signature / Date

Parent/Guardian phone number(s)

The following adult(s) plan(s) to attend:

PRINT first and last name

PRINT first and last name

If your child requires medication during this event/activity, complete Medication Request Form.