

# FIELD TRIP PARTICIPATION: PARENT PERMISSION FORM

Dear Parent or Legal Guardian of \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Room Number \_\_\_\_\_  
Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from \_\_\_\_\_ School. A brief description of the activity is:

Name of Event or Type of Activity: \_\_\_\_\_

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

Designated Supervisor of Activity: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Estimated 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 bottom half of this form to School by \_\_\_\_\_.

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**STATEMENT OF CONSENT**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above and scheduled for ST. CLEMENT. I understand that this event will take place away from the school grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless ST. CLEMENT School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize ST. CLEMENT School to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies about which a health-care provider should be told: \_\_\_\_\_. During this event I can be reached at \_\_\_\_\_.

\_\_\_\_\_  
(Print Parent/Guardian's Name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

Date: \_\_\_\_\_