

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish/school-sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of employees from Saint Robert Parish/School. A brief description of the activity follows:

Name of Event:

Destination:

Designated Supervisor of Activity:

Date and Time of Departure:

Date and Anticipated Time of Return:

Method of Transportation:

Emergency Phone Number:

Student Cost:

Adult Cost:

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. This section is for your information.

PERMISSION FORM FOR FIELD TRIPS

Name of Field Trip (Date)

_____ I can drive for this field trip.

I have seatbelts for _____ students.

_____ I cannot drive for this field trip.

I hereby consent to participation by my son / daughter, _____, in _____ (event name) on _____ (date). I understand that this event will take place away from the Parish/School grounds and that my son/daughter will be under the supervision of the authorized parish/school personnel (as indicated above) on the stated dates. I further understand that if my student chooses behavior that is inappropriate, I may be requested to remove my student from the program.

(Print Parent's Name)

(Parent's Signature)

Date: _____

(Parent Cell Phone Number)

A medical release form must be on file before your son/daughter may participate in this activity.

Return bottom half of this form by: