

St. Boniface School
Field Trip Permission Form

Date _____

Dear Parent or Legal Guardian,

Your child is eligible to participate in a school sponsored field trip requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of the teacher and other chaperones.

EDUCATIONAL PURPOSE _____

DATE _____

EVENT _____

LEAVING TIME _____

RETURNING TIME _____

TRANSPORTATION _____

COST PER STUDENT _____

Each student must bring a lunch and a drink with his/her name on it.
Uniforms are required on this field trip.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability along with the cost of the field trip to school by (date)

We, as parents/guardians of the undersigned minor, hereby consent and agree to hold harmless, St. Boniface School and the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers hereof, for any accident, injury or occurrence arising out of, or in connection with, our child's event and arranged transportation necessary to participate in the field trip. We understand that our child will be assigned to ride with a licensed adult driver.

I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every effort will be made to contact me. If I cannot be reached, I give permission to the physician selected by the person in charge to secure proper treatment for my child. I understand that the school will try to abide by the information given on the emergency medical form submitted to the school in September.

We, the parent or guardian of _____
(child's name)

permit our child to attend the _____ on _____
(location of field trip) (date)

Parent Signature _____

Date Signed _____