



Parent Permission Form for Student Field Trip

Grade: _____
Curriculum Goal: _____
Destination: _____
Designated Supervisor: _____
Date & Time of Departure: _____
Anticipated Time of Return: _____
Method of Transportation: _____
Cost: _____

I request that my child _____ be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above for this event, including the method of transportation. We hereby release and hold harmless St. Martin of Tours Academy and any and all of its employees from any liability for any harm arising to my child as a result of this trip. I acknowledge that I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the number below, contact:

NAME & RELATIONSHIP: _____
 PHONE: () _____
 FAMILY DOCTOR: _____ PHONE: () _____

Parent/Guardian Signature **Date**

I can be reached at: _____ on the day of the field trip.

_____	I am able to drive
_____	# of students you are able to take
_____	I am not able to drive