

**FIELD TRIP PERMISSION FORM**

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(parent's name) (student's name)

to participate in the \_\_\_\_\_ field trip taken by *St. Malachy Parish School* on \_\_\_\_\_.

In consideration of the opportunity for my student to participate and fully recognizing that such as undertaking involves an element of risk, we assume all risks and hazards incidental to such participation. Neither the Archdiocese of Indianapolis, or St. Malachy Parish School, nor any person connected with the field trip shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity.

We the undersigned have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Signature \_\_\_\_\_

**IN CASE OF AN EMERGENCY**

	Mother's Phone Numbers	Father's Phone Numbers
Home		
Work		
Cell		

**In the event of an emergency and I cannot be reached, I hereby authorize emergency treatment may be administered.**

Signature \_\_\_\_\_

Doctor's Name / Phone \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

(allergies, special medication etc.)

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