

**Holy Family Regional Catholic School**  
**3265 Concord Road**  
**Aston, PA 19014**  
**610-494-0147**

**FIELD TRIP PERMISSION FORM**

We(I) as parent(s) or legal guardian(s) of \_\_\_\_\_  
Student's name  
give permission for our child to participate in:

**Field Trip:**

**Date of Trip:**

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless Holy Family Regional Catholic School and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of my (our) child's participation:

**Insurance:**

**Group #:**

**I.D. #:**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**N.B.** Each student *must* return the signed permission form before being permitted to participate on the field trip.