## PARENT PERMISSION FORM FOR FIELD TRIP

Dear Parent or Legal Guardian,

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

Name of Event: Walking or bussing for school related activities during school hours.

Designation: Montini Primary, Montini Middle School, St. Patrick's, St. Mary's, The Church of Holy Apostles, or school related activity that is within a short walking distance from the schools.

Designated Supervisor of Activity: Homeroom Teachers

Date and Time of Departure: August 2013 through June 2014

Date and Time of Return: August 2013 through June 2014

Method of Transportation: Walk or Bus

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. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_\_ (Grade\_\_\_\_\_\_) 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 on participation in this event, including the method of transportation.

Print Parent's Name	Parent's Signature 	
In case of emergency: Home Phone		
Doctor's Name	Phone	Date
If you, and/or your physician of choice, as in emergency and, if in the judgment of school hospital attention is indicated, do you autho your child to an available hospital or physicia	authorities,, immed rize responsible sch	liate medical and/or

Parent Signature

Date