

Elk County Catholic School System



Field Trip Parent Permission Form

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 teacher(s). A brief description of the activity follows:

Name of Event: Educational Purpose: Destination: Designated Supervisor of Activity: Date and Time of Departure: Date and Time of Return:			
		Method of Transportation:	Cost:
		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 responsibilities which may result from any personal actions taken by the named student. Keep this upper section for your records.	
		Return this bottom section with payment b	by : Event:
		understand that this event will take place awa under the supervision of the designated teacl	, participate in the event described above. I ay from the school grounds and that my child will be her(s) on the stated dates. I further consent to the his event, including the method of transportation.
		Parent / Guardian Signature	Date
 No, I do not want my child to participate i instead of participating in the field trip my 	n the event described above. I understand that child will attend school.		
Parent / Guardian Signature	Date		