

**SAINT MICHAEL SCHOOL  
PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

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 guidance and supervision of teachers from St. Michael School. A brief description of the activity follows:

**Name of Event:** Grade 8 Class Picnic

**Educational Purpose:** Physical Activity – tubing, skiing, yard games, swimming in lake with life jacket.

**Destination:** Roaming Shores, Ohio

**Designated Supervisor of Activity:** Mrs. Kremm

**Date and Time of Departure:** Tuesday, June 3, 11:00 AM from Church north parking lot

**Date and Anticipated Time of Return:** Tuesday, June 3, 8:00 PM Church north parking lot.

**Method of Transportation:** Parent Drivers

**Student Cost:** None *Bring bathing suit and towel. Life jacket if you have one (otherwise life jackets will be supplied). Fishing gear. Students are to bring a snack or dessert to share with class. Beverage, pizza, hotdogs, hamburgers will be supplied.*

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.



**Eighth Grade Class Picnic – Roaming Shores, Ohio**

I request that my child \_\_\_\_\_, 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 teacher(s) on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I agree to hold harmless the school or its representatives, any teacher or chaperone in the event of accident or injury to my/our child as a result of participation in this event.

**Please check all that applies:**

- In the event of accident or injury, I/we give permission for my/our child to be treated at the nearest medical facility.
- I give permission for my child to swim in the lake with a life jacket.
- I give permission for my child to tube/water ski

- I can drive \_\_\_\_\_ students and plan to stay and return students to school.
- I can drive \_\_\_\_\_ students to the lake but do not plan to stay
- I can drive \_\_\_\_\_ students home from the lake

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)

Hospitalization Company \_\_\_\_\_

ID Number \_\_\_\_\_

**No. I do not want my child to participate in the event described above. I understand that instead of participating in the field trip, my child will attend school.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Please return this form by: **Friday, May 23.**