

**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: Fifth Grade Field Trip

Educational Purpose: To see & explore local museums

Destination: 1) The Waugh House, 23 W. Main St., Greenville (walk to Waugh House, then come back to school to board bus for Youngstown)
2) Butler Institute of American Art & Oh Wow! Children's Center in Youngstown, OH

Designated Supervisor of Activity: Miss Zgonc

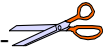
Date and Time of Departure: Wednesday, May 21, 2014 @ 8:00 am

Date and Anticipated Time of Return: Same day about 3:45-4:00 pm

Method of Transportation: School bus

Student Cost: \$18.00 Students must wear their school uniform and bring a sack lunch with a drink – no glass containers or dairy products.

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 that may result from any personal actions taken by the named student.



FIFTH GRADE FIELD TRIP – MAY 21, 2014

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.

_____ In the event of accident or injury, I/we give permission for my/our child to be treated at the nearest medical facility.

(Parent/Legal Guardian Signature)

(Date)

(Phone)

_____ **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 and money by Monday, May 12, 2014.