



**St. Therese Catholic School
Field Trip Permission Form**

We the parent(s)/guardian(s) of _____
(Print Name of Student)

request that the St. Therese school allow our son/daughter to participate in a field trip to

_____ on _____
(Print Activity and Location) (Date)

Transportation will be provided by _____ via _____
(Driver) (Vehicle)

We will depart from _____ at _____ and return
(Activity and Location) (Time)

to school at _____
(Time)

We understand that adequate supervision will be provided. We authorize the adult in charge to administer medical attention as needed in the event the person listed below as the emergency contact cannot be reached. We hereby release and save harmless St. Therese School, the Diocese of Jackson, and any and all of its employees and trustees from any and all liability for any and all harm to my child as a result of this trip.

Both parents/guardians MUST sign this form.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Emergency Contacts: In case of emergency, please call:

1. _____
(Name) (Work #) (Cell #)

2. _____
(Name) (Work #) (Cell #)

A fee of _____ for the above trip which includes _____ should be
(Enter \$ Amount)

submitted to the teacher by _____. The following items are needed for the trip:
(Deadline)

_____ Sack Lunch (including drink)

_____ Other _____