

FIELD TRIP PERMISSION SLIP

I, the guardian of _____
(Child's name)

request that Saint Francis de Sales School allow my child to participate in the 8th grade End of Year Party at the Westside Tennis and Fitness Center on May 20th, 2010.

I hereby release and save harmless Saint Francis de Sales School and any and all its employees, volunteers or students from any and all liability for any and all harm arising to my child as a result of this activity.

I authorize Saint Francis de Sales School or any of its employees to secure medical treatment for my child in the event of an emergency, accident, or illness.

(Parent Printed Name)

(Parent Signature)

_____/_____/_____
(Date)

____(____)____-_____
(Home Phone number)

____(____)____-_____
(Mother's Work Phone Number)

____(____)____-_____
(Father's Work Phone Number)

(Person to contact if parents cannot be reached)

____(____)____-_____
(Family Contact Phone Number)

(Family Physician)

____(____)____-_____
(Family Physician Phone Number)

My family has medical coverage with:

Policy Number _____

The party will be from noon until 2 PM. We will leave for the party after the graduation practice, about 11:30 AM. We will return to school for regular dismissal time. Students will need to be appropriately covered. Please ensure that your student has additional covering and shoes; we do not allow students to arrive at school in swimwear.

Some parents choose to pick up their students directly from the party. If you choose to do this, please remember to sign out your student before leaving.

If your child is going to be picked up by someone other than his/her own parent, we need to know this *in writing* below.

Please allow my child to be picked up by _____
(Please print name)

Please return this slip to the student's homeroom teacher.

Ms. Carlisle
Mr. Johnson