

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

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 employees from St. Thomas School. A brief description of the activity follows:

Name and Purpose of Event _____

Destination _____

Supervisor(s) of Activity _____

Date/Time of (Departure) _____ (Return) _____

Method of Transportation _____

Student Cost _____

Your child needs to bring _____

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.

I request that St. Thomas School allow my child _____ to go with

Grade _____ pupils on a field trip to _____ on (Date) _____

Transportation to and from the destination will be by _____. I understand my child will leave school at _____ o'clock and return at _____ o'clock.

I hereby indemnify and hold harmless St. Thomas School and the Diocese of Portland and any of their official representatives from any claims of damages resulting to my child on this field trip and/or while in transit to or from the event, unless said injuries were proven to be the result of the negligence of St. Thomas School or it's agents. Furthermore, I authorize to have my child treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such emergency treatment.

Health Insurance Company _____

Subscriber _____ Policy Number _____

Does your child take medicine on a regular basis? Yes ___ No ___

May we give your child this medicine? Yes ___ No ___

If yes, please give name of medicine and times to be given. _____

May we give your child Tylenol for a headache? Yes ___ No ___

Please indicate any allergies your child may have: (bee stings, bug bites, etc.) _____

Signature: _____ Date: _____

Address: _____ Phone: (Home) _____ (Work) _____

*Please return this entire form no later than _____

YES, I WILL BE ABLE TO CHAPERONE.