



STELLA MARIS ACADEMY
FIELD TRIP PERMISSION SLIP

PLEASE RETURN THIS PERMISSION SLIP ON OR BEFORE:

Dear Parent of Legal Guardian:

A field trip is a privilege, not a right. Your child, guardianship, is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees and parents from Stella Maris Academy. A brief description of the activity follows:

CURRICULUM GOAL: _____

DESTINATION: _____ **STUDENT COST:** _____

DESIGNATED SUPERVISOR OF ACTIVITY: _____

METHOD OF TRANSPORTATION: _____

DATE OF FIELD TRIP _____

DEPARTURE PLACE AND TIME: _____ **ANTICIPATE TIME OF RETURN:** _____

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by named student.

WE HEREBY RELEASE AND HOLD HARMLESS STELLA MARIS ACADEMY ANY AND ALL OF ITS EMPLOYEES OR PARENTS FROM ANY AND ALL LIABILITY FOR ANY AND ALL HARM ARISING TO MY CHILD AS A RESULT OF THIS TRIP.

I request that my child _____, a student in Grade _____, be allowed to 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 school employee on the stated date. I further consent to the condition stated above for this event, including the method of transportation.

Parent/Guardian Signature

Date

Street Address

City

State

Zip Code

EMERGENCY TELEPHONE NUMBER

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

Name

Relationship to Student

Telephone Number

Family Doctor

Telephone Number

I ALSO AUTHORIZE THE DESIGNATE SUPERVISOR TO ADMINISTER MINOR FIRST AID TREATMENT TO MY CHILD.

Parent/Guardian Signature

Date