



PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPS

Teacher Name: _____

School Name: _____

GENERAL INFORMATION

Destination Site: _____

Date/s of Trip: _____

Approximate Departure Time: _____

Approximate Return Time: _____

Voluntary Donation Requested per Student: _____

Method of Transportation: _____

Approximate Number of Participating: _____

Students: _____

Adult Supervisors: _____

Additional Teacher Comments: _____

Need a sack lunch from the school? YES NO

*If yes How Many? _____

I (Parent/Guardian Name-PLEASE PRINT): _____

acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (Student's Name-PLEASE PRINT): _____
_____ be allowed to participate in the field trip described above and specifically consent to his/her participation.

Parents are responsible to provide EPI-Pen, inhaler, glucaon or other medications needed for emergency treatments. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion. I agree that I am responsible for the cost of such treatment.

I agree to release, indemnify, and hold harmless Providence Hall, its Board of Directors, and its employees, agents, or representatives, as well as approved adult trip supervisors from all claims, damages or other liabilities for injuries we have, or my child has, which are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school or its agents, representatives or employees.

Name of Student (PLEASE PRINT) _____

Name of Parent/Guardian (PLEASE PRINT) _____

Signature of Parent/Guardian _____ Date _____

Emergency Contacts: Name: _____ Phone Number: _____

Name: _____ **Phone Number:** _____