

St. Peter Catholic School Field Trip Consent Form

Your child is invited to participate in a class trip to: _____

Date of Activity: _____ Departure: _____ Arrival: _____

Transportation Provided By: _____

Supervised by: _____

The EDUCATIONAL PURPOSE of this trip is to: _____

Lunch: _____

The cost of the trip for each student is: _____ Checks Payable to: _____

The permission slip and money are due: _____

Students are expected to wear: _____

Parents are expected to discuss the importance of proper behavior and safety expectations.

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Please cut & Return bottom portion by _____

Consent: I grant my permission for my child, _____, to attend and participate in the SCHOOL SPONSORED FIELD TRIP. (hereinafter referred to as "Activity") to be held at _____ On _____
(LOCATION AND ADDRESS)

1. Student Cooperation: My child agrees to abide by all rules of aforementioned School and to obey the staff in charge of this Activity. The School will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.
2. First Aid/Emergency Treatment: I authorize the School and its employees and volunteers to administer first-aid to my child if the School deems it necessary and appropriate to preserve life, limb or well-being of my child. I authorize the School to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.
3. Release: I hereby release and discharge The Diocese of Rockford and the School, and is Bishop and the officers, directors, employees and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the School or its employees.

Student Signature: _____

Parent/Guardian's Signature: _____ Date: _____