

APPENDIX D

ALL SAINTS CATHOLIC SCHOOL
419 Sixth Avenue
Antigo, WI 5409
715-623-4835

FIELD TRIP PERMISSION SLIP

***SAMPLE ***

Dear Parents,

Your child has an opportunity to attend the field trip to _____ on _____.
We will leave school at _____ a.m. and will return at _____ p.m.
The educational or programmatic purpose of this field trip is
_____.

We will be traveling by private vehicle. Drivers are needed.

Please return no later than _____.

I request that my child, _____ participate in the field trip to
_____ on _____. In consideration for participation, we hereby release and
save harmless All Saints Catholic School and any and all of their employees from
any and all liability for any and all harm arising as a result of this trip.

I also hereby give my permission for my son/daughter to receive whatever
medical attention necessary while on this field trip.

Who should we contact in case of emergency during this trip?

Name: _____ Phone _____

Relationship to child: _____

Parent's signature: _____

Can you drive? Yes _____ No _____ Phone _____

How many seatbelts are available? _____

