

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: \_\_\_\_\_

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Can you drive? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone \_\_\_\_\_

How many seatbelts are available? \_\_\_\_\_

