

Saint Michael School
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North Andover, MA 01845



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Field Trip Permission Form

Today's Date _____

I, as the parent or guardian, give permission for _____ (child's first/last name)
to attend _____ on _____ from _____ until _____
for _____

Mode of Transportation:

Bus

Place of Departure:

Saint Michael School

Place & Time of Return:

Saint Michael School

Adult(s) in Charge:

The cost is _____ for the bus trip. Please note: There is NO BATHROOM at the beach. In addition to the two homeroom teachers, parent volunteers will be requested. Chaperones must have a CORI completed for this school year and must have taken the Protecting God's Children Workshop. Please see the letter from the teacher for further information. If necessary, a rain date will be selected.

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in this field trip, activity or event.

I, as the parent or guardian of the above name student, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency. Further, I release the staff and personnel of Saint Michael School from any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, children will be taken to the nearest hospital, unless otherwise notified.

Please be aware my child has the following allergies/medical conditions: _____

Parent's Telephone Numbers: Home _____ Work _____ Cell: _____

Additional Emergency Contact Name _____ Phone _____

Additional Emergency Contact Name _____ Phone _____

In case of a medical emergency, I give permission for my child to be treated by a physician.

Parent's Signature _____