

Off-site/Field Trip Permission Form

School/Parish/Program Name: _____

Date _____

Person in Charge: _____ Grades: _____

Event and Purpose: _____

Date(s) of Event: _____ Departure Time: _____ Time of Return: _____

Cost of the Event: _____ Form of transportation: _____

If private passenger autos (volunteers) are specified, will you be able to drive?

_____ Yes*, I will be able to drive and accommodate ___ students (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.) *Drivers will be notified after all slips are returned.

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (name of student/participant) to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by _____

Supervisor's Signature _____

(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

Please detach and save for your information/reference

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