

**ST. JOSEPH SCHOOL
FIELD TRIP REQUEST FORM**

I give my permission for (child's name):

to attend and participate in the following field trip:

Approximate DEPARTURE time and date: _____

Approximate RETURN time and date: _____

Cost of trip: _____

Chaperones:

If you would like to chaperone on our field trip, please indicate below.

Yes, I would like to attend this field trip.

In consideration of the making of arrangements for the trip by the school, I hereby release and save harmless the school and any and all liability for any injuries, loss, or other claims arising or resulting from this trip.

This permission slip authorizes the bearer to obtain and authorize any medical treatment that may become necessary for my child while on the field trip.

Parent/Guardian Signature _____

Date _____

Special instructions: