

**FIELD TRIP PERMISSION FORM**

Field Trips are privileges afforded to students; no student has the absolute right to a field trip. Students may be denied participation if they fail to meet academic or behavioral requirements. **The following Field Trip Permission Form MUST be signed by the parent or guardian and given to their homeroom teacher.** Students who fail to bring in this form will not be allowed to participate in the field trip. Telephone calls or any other written note are not acceptable – please refer to the School Handbook.

I/WE, the parent(s)/guardian(s) of \_\_\_\_\_ **request that the school allow my/our son/daughter to participate in a field trip to**

Educational Purpose: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

**Departure from School:** \_\_\_\_\_ **Arrival back to School:** \_\_\_\_\_

**Fee:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Administrator's Signature**

\_\_\_\_\_  
**Teacher's Signature**

We hereby release and save harmless the school of Our Lady of Hope Catholic Academy and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip. In case of emergency, I give permission for \_\_\_\_\_ to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every effort will be made to contact me.

**Parent/Guardian Signature:** \_\_\_\_\_

**MEDICAL RELEASE FORM**

**Student's Name:** \_\_\_\_\_

**Known Allergies/Allergic Reactions:** \_\_\_\_\_

**Other Pertinent Medical Information** \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

**Mother's Daytime #:** \_\_\_\_\_ **Father's Daytime #:** \_\_\_\_\_

**Mother's Cell Phone #:** \_\_\_\_\_ **Father's Cell Phone #:** \_\_\_\_\_  
(Keep for emergency purposes.)