

Holy Family Regional Catholic School
3265 Concord Road
Aston, PA 19014
610-494-0147

FIELD TRIP PERMISSION FORM

We(I) as parent(s) or legal guardian(s) of _____
Student's name
give permission for our child to participate in:

Field Trip:

Date of Trip:

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless Holy Family Regional Catholic School and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of my (our) child's participation:

Insurance:

Group #:

I.D. #:

Student's Signature

Date

Parent(s)/Guardian(s)Signature

Date

Parent(s)/Guardian(s)Signature

Date

N.B. Each student *must* return the signed permission form before being permitted to participate on the field trip.