

**Diocese of San Diego
Field Trip Permission Slip
Elementary Schools**

Dear Parent or Legal Guardian:

A field trip is a privilege, not a right. Your son/daughter, guardianship is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees from Saint Columba School. A brief description of the activity follows:

Curriculum Goal: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Arrival: _____

Method of Transportation: _____ Student Cost: _____

Student to Bring: _____

Student to Wear: _____

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

We hereby release and hold harmless Saint Columba School and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, _____ a student in grade _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above for this event, including the method of transportation.

Parent/Legal Guardian

Date

Parent/Legal Guardian Address

Emergency Phone Number

Please return this form by: _____ (over)

Emergency medical Treatment

In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

(Please Print)

Name and Relationship: _____

Phone: (____) _____

Family Doctor: _____

Family Doctor Phone: _____

I also authorize the designated supervisor to administer first aid if the supervisor has documentation of having been trained in basic first aid.

Parent/ Legal Guardian

Date

Parent/Legal Guardian Address

Emergency Phone Number

Parent Driver Information

_____ We Do Not need drivers for this field trip, thank you.

_____ We DO need drivers for this field trip. Please read the information below.

Parent/ Legal Guardian Drivers

- please make sure that all updated driver insurance forms have been turned into the school office.
- All seatbelts must be in working order.
- No students are allowed in the front passenger seat, unless the airbag is turned off. (unless over 13 years of age).
- Please read the information for field trip drivers provided by the school/teacher.

_____ YES, I can drive!

Driver Name: _____

_____ number of working seatbelts