

**PARENTAL/LEGAL GUARDIAN PERMISSION SLIP
FOR FIELD TRIP PARTICIATION
Sacred Heart Catholic School**

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from Sacred Heart Catholic School. A brief description of the activity follows:

Curriculum Goal: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Method of Transportation: _____

Student Cost: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acceptance of liability. 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.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from 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 on participation in this event, including the method of transportation.

Signature of Parent/Legal Guardian _____

Address _____

Emergency Phone Number _____