



ARCHDIOCESE OF BALTIMORE
DIVISION OF CATHOLIC SCHOOLS
320 Cathedral Street
Baltimore, Maryland 21201

Field Trip Permission Form

To: Parent(s)/Legal Guardians

Date: 5/19/19

School Name: **St. Michael-St. Clement** Principal: **Mr. Paul Kristoff**

We have arranged for your child to participate in a planned field trip experience to: PAL Field for Field Dat

The following provisions have been made and approved by the school:

- Date: Friday, May 24, 2019 Cost: none
- Departure time: **8:30 a.m.** Return time: **11:30 a.m.**
- Type of transportation: **Walking**
- Supervisory personnel: **Teachers, staff, administration and police officers will assist with supervision**

Dress requirements: **Gym Uniform**

Meal arrangements: Take water bottles

Emergency phone number to contact supervisory personnel during the trip:

Reasonable care will be taken by the supervising personnel to insure the safety of your child. It is absolutely essential, however, that you, as parent or legal guardian, give written permission for your child to participate in this activity. Therefore, please sign the slip below and have your child return it to his/her teacher no later than
 If your child does not return the signed slip, he/she will not be able to take advantage of this opportunity.

(Please detach and return this portion to your child's teacher.)

Release and Waiver

In consideration of my child participating in this field trip experience, I hereby release _____ School, Archbishop William E. Lori, Roman Catholic Archbishop of Baltimore, a corporation sole, and their agents, employees and principals, of and from any and all liability, claims, demands, actions, and causes of actions whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by my child or children.

I hereby grant permission for my child _____
 to participate in the trip to _____.

I acknowledge receipt of the information describing the details of the field trip experience.

Signature of Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian phone number on day of trip: _____

(If applicable)
 Medication(s) to be administered during the field trip: _____ Dosage: _____
 Time dosage is to be administered: _____ I hereby authorize supervisory personnel to administer the indicated medication.

Signature of Parent/Legal Guardian _____ Date _____