

APPENDIX D

ALL SAINTS CATHOLIC SCHOOL
419 Sixth Avenue
Antigo, WI 5409
715-623-4835

FIELD TRIP PERMISSION SLIP

SAMPLE

Dear Parents/Guardians of _____ Grade Students,

Your child has the opportunity to attend a field trip to _____ (destination) _____
on _____ (date) _____. The educational or programmatic purpose of this field trip is
_____.

We will be leaving school at ___(time)___ and returning at approximately ___(time)___.
_____ (mode of transportation, if parents drive see below) _____. (All parent
drivers will need to have a current driver information form on file, they are available in the
school office.)

Thank you,

Teacher's name

PLEASE DETACH AND RETURN NO LATER THAN ___(DATE)___

I request that my child, _____ participate in the field trip to
_____ (destination) _____ on _____ (date) _____. In consideration for
participation, we hereby release and save harmless All Saints Catholic School and any
and all of their employees from and all harm arising as a result of this trip.

I also hereby give my permission for my son/daughter to receive whatever medical
attention necessary while on this field trip.

Whom should we contact in case of emergency during this trip?

Name: _____ Phone: _____

Relationship to child: _____

Parent/Guardian's Signature: _____

Can you drive? Yes _____ No _____ Number of seat belts available: _____

Have you had VIRTUS training? Yes _____ No _____

