

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of St. Dennis School. A brief description of the activity follows:

NAME OF EVENT: CATHOLIC SCHOOLS WEEK ICE SKATING, GRADES 4-8

DESTINATION: MCFARLAND ICE ARENA, 4812 MARSH ROAD, MCFARLAND

DESIGNATED SUPERVISOR OF ACTIVITY: GRADES 4-8 TEACHERS

DATE AND TIME OF DEPARTURE: FRIDAY, FEB. 3, 12:30 P.M.

DATE AND ANTICIPATED TIME OF RETURN: FRIDAY, FEB. 3, 3 P.M.

METHOD OF TRANSPORTATION: **Yellow Bus**

STUDENT COST: **INCLUDED WITH CSW FEES**

ADDITIONAL COMMENTS:

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain, fully responsible for any legal responsibility which may result from any personal actions take by the named student.

_____ We are in need of **10** additional chaperones (help kids lace-up skates, supervise). (Must provide own transportation).

***Must have Virtus Training!**

Please call me at _____ .



I here by give my consent for my child, _____ to attend this event. 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(s) on the stated date(s). I further consent to the conditions stated above for participation in this event, including the method of transportation.

Parent Signature _____

Phone Number where I can be reached _____

Parent Signature _____

Phone Number where I can be reached _____

(In situations where only one parent has legal responsibility for the child, only that parent need sign.)

RETURN FORM TO SCHOOL BY: WEDNESDAY, FEB. 1