

FIELD TRIP PERMISSION FORM
(Parental/guardian consent from and liability waiver)

4k-8 grades
(Ref. Policy 5030)

Please return by September 3, 2019

Student Name: _____ Grade: _____ Birthdate: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____ Business Phone: _____

I request that the school allow my child, _____, to participate in the activity listed below that may require transportation to a location away from the school site. This activity will take place under the guidance and direction of employees and volunteers from Divine Savior Catholic School.

Field Trip Details:

Name/Location: City Park / Hingiss Park **Dates:** Various **Cost/Student:** \$0

Educational Purpose: Phy-Ed, Science, Recess

Supervisor(s): Divine Savior Staff

Mode of Transportation: Walking **Departure:** Various **Return:** Various

As parent and/or legal guardian, I remain legally responsible for any personal action taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Divine Savior Catholic School, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Signature: _____ Date: _____
