St. Louis Catholic School

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Waco, Texas 76708
Phone: 254-754-2041 Fax: 254-754-2091
www.stlouiswaco.org

FIELD TRIP INFORMATION

To: Parent/Guardian

Your child 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 from St. Louis Catholic School. A brief description of the activity follows:

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date & Time of Departure: _____

Date & Anticipated Time of Return: _____

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 release of liability. As Parent/Guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

FIELD TRIP PERMSISSION

I/We, the Parent(s)/Guardian(s) of _____, request that
(Student's Name)

St. Louis Catholic School allow my child to participate in _____
(Activity/Trip)

In consideration for the making of the arrangements for this trip, I/We hereby release and save harmless St. Louis Catholic School, all its employees and the Diocese of Austin from any and all liability arising to my child as a result of this trip. I also agree to allow my child to travel on this trip by method of transportation listed above.

If emergency treatment is required for my child, I/We authorize St. Louis Catholic School personnel to follow area EMS regulations in caring for my child.

I/We agree that it is my/our responsibility to arrange for my/our child to be transported home at my/our expense in the event my/our child breaks school and/or trip rules.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

When possible both parents/guardians should sign this form.