FIELD TRIP PERMISSION
Catholic Schools Office
Archdiocese of Galveston-Houston

Description of Field Trip: _____ Destination: _____

Method of Transportation: _____

Supervision: _____ Ratio of adults to children: _____

Date: _____ Departure time: _____ Return: _____

Objectives of Field Trip: _____

Specific Materials to be Brought: _____

Instructions to Students

1. Do exactly what the Teacher requires.
2. Stay with the group at all times.
3. _____

Permission

By signing this form, I/we _____ certify that I/we request and give
(Parent or Guardian)

permission for _____ to go on this Field Trip.

I/we have given the instructions required above, and I/we release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them.

_____
(Signature of Parent or Guardian)

Emergency Information

_____	_____	_____
Parent/Guardian Name	Phone	Medical Ins. Carrier
_____	_____	_____
Doctor's Name	Phone	Policy #
_____	_____	
Preferred Hospital	Phone	

I/we give permission for _____ to be transported by

ambulance and/or to be treated in the event of a medical emergency.

_____
(Signature of Parent or Guardian)