

BISHOP McGUINNESS CATHOLIC HIGH SCHOOL FIELD TRIP PERMISSION FORM

Student: _____

Destination: _____

Date of Trip: _____

Teacher/Moderator Approving Trip: _____

Supervising Adult: _____

Method of Transportation: _____

TEACHER'S APPROVAL REQUIRED TO MISS CLASS

Teacher's Signature	Objections or Comments
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

The Student Is Responsible For All Work Missed During This Absence.

I, the undersigned, a parent or guardian of the above named student, requests that the said student be permitted to engage in the above described school activity and by my initials on the appropriate line, agree to the following conditions:

- I give my son/ daughter permission to drive.
- I give my son/ daughter permission to ride with a student driver.
- I do not give my consent for my child to ride with another student/parent.

I also understand that only general activity supervision of my student can be given; that neither the school nor any of its employees have any liability for any injury of the student from such activity, including use of school or chartered bus, or private conveyance with either another student or parent. I agree to hold the school and all its employees harmless on any claim of defending same.

Date:

Parent's Signature: