

ST. JOHN THE EVANGELIST CATHOLIC SCHOOL
240 ARNOLD STREET
HAPEVILLE, GA 30354
404-767-4312

Your son/daughter's class will be participating in a field trip. This field trip will take place under the guidance and supervision of teachers and parent volunteers from St. John School. The following permission slip must be signed by a parent and returned to the school prior to the field trip. Verbal permission by phone **is not permissible**.

FIELD TRIP TO: _____

GRADE(S) _____

EDUCATIONAL OBJECTIVES _____

DATE AND TIME OF DEPARTURE FROM SCHOOL _____

DATE AND TIME OF RETURN TO SCHOOL _____

METHOD OF TRANSPORTATION: _____

INFORMATION: _____

School uniforms are required unless directed otherwise. _____

TOTAL DUE WITH PERMISSION SLIP: _____

DETACH AND RETURN BOTTOM HALF

Destination _____ **Date** _____

Please complete, sign and return the following permission slip.

I hereby give my child _____ permission to attend the above listed field trip. I understand that authorized vehicles to the designated place will transport my child.

I hereby waive and release any claim against St. John the Evangelist School for any injuries suffered by my child during the above listed field trip. In the event of an injury suffered during the transportation to and from the school, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation.

Because of liability issues, younger siblings are not permitted to attend school field trips.

In the event of an emergency, I give permission for the school to call emergency medical personnel to transport the student to the nearest medical facility and to authorize emergency treatment. I will assume full responsibility for all charges related to the above.

SIGNATURE OF PARENT/GUARDIAN

EMERGENCY NUMBER

BEEPER/CELL NUMBER

DEADLINE: RETURN FORM BY: _____