

JOHN PAUL II ACADEMY
FIELD TRIP PERMISSION FORM

Date: _____

Dear _____
(Teacher's Name)

I, _____ am the _____
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)

of _____, a student at John Paul II Academy in the _____ Grade.
(Student's Name)

I hereby request permission for the above-named child to attend _____

_____ on _____
(Activity) (Date of Field Trip)

from _____ to _____ and I consent to the child's participation in such a field trip.
(Time) (Time)

I understand that the children will get to the place of the field trip by _____.
(Means of Transportation)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the field trip and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, School, Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the field trip including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to call the teacher and ask him/her about the field trip.

(Parent/Guardian Signature)