

PIQUA CATHOLIC SCHOOL  
Field Trip Permission Form

Student's name \_\_\_\_\_ Grade \_\_\_\_\_  
Name of activity \_\_\_\_\_  
General description of activity \_\_\_\_\_  
Location of activity (place, city) \_\_\_\_\_  
Telephone where students can be reached in case of a family emergency ( ) \_\_\_\_\_  
Date of activity \_\_\_\_\_ Name of adult in charge of activity \_\_\_\_\_  
Starting time for trip \_\_\_\_\_ Ending time for trip \_\_\_\_\_ Cost \_\_\_\_\_  
Chaperones needed: (yes) \_\_\_\_\_ (no) \_\_\_\_\_ I can chaperone: (yes) \_\_\_\_\_ (no) \_\_\_\_\_  
Type of transportation \_\_\_\_\_ I can drive: (yes) \_\_\_\_\_ (no) \_\_\_\_\_  
If you can drive, how many seat belts are available in your vehicle for passengers? \_\_\_\_\_

Updated Emergency Medical Information

The Emergency Medical Form that you completed at the beginning of the school year will be with the teacher(s) supervising the field trip and will be available to use if an emergency should occur. If any of the information you provided has changed, please indicate the correct information in the space below. Thank you.

\_\_\_\_\_  
\_\_\_\_\_  
*We, the parent(s)/guardian(s) of the student listed above, request that the school allow my/our son/daughter to participate in the activity listed above. We hereby release and name harmless Piqua Catholic 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.*

Signature(s) of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_