



NAME OF STUDENT:				
NAME OF PARENT/GUARDIAN:			PHONE:	
As parent or guardian of the above named student, I give permis	•	•	ipate in the	e field trip described as follows:
PARISH/SCHOOL:	DATE OF	TRIP:		
DESTINATION/ACTIVITY:				
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A separate detailed itinerary and parent consent must be provided for high-risk activities.  DESIGNATED TEACHER/SUPERVISOR:			PHONE:	
MODE OF TRANSPORTATION:	DE	PARTURE T	ME:	RETURN TIME:
STUDENT COST (IF APPLICABLE):				
PLEASE COMPLETE FORM AND RETURN BY:				
TEACE COMPLETE FORM AND RETORN DT.				
On field trips that occur during the length of the school day, any prescri administered by staff.  If you are unable to reach a parent/guardian at the above numbe		n already pr	ovided to the	e school will be carried and
ALTERNATE CONTACT NAME:	-		PHONE:	
DEDTINENT MEDICAL CONDITIONS.				
PERTINENT MEDICAL CONDITIONS:				
FIELD TRIP CONSENT AND RELEASE:  In consideration for my child/ward's participation, I agree to reimburse a neurred by parish/school in defending a lawsuit that I or my child/ward activity if the parish/school is found not legally liable by the courts and passistained by child/ward, this paragraph will not apply.	may bring agair prevails in the la	nst the paris awsuit. If the	h/school Wh parish/scho	nich relates to the above named nool is found legally liable for injuries
certify that I have an understanding of this agreement and any risks an child/ward will be participating in. I further understand that I had the opportish/school to clarify any concerns or questions about the activity or t	portunity to fully	discuss this	agreement	
PARENT/GUARDIAN SIGNATURE:			D	ATE:
By entering my full name, I attest that this constitutes my legal electronic	signature on th	is form.		
Yes, I am available to chaperone. I can be reached at:			1.12.3	on Californi Park
Check the box if you opt out of any image, photograph, or video of youngerone or school personnel for this field trip.	your child to be	posted or p	ublished to s	social media by any

## HIGH-RISK ACTIVITY ADDENDUM TO PARENT PERMISSION SLIP:

PARISH/SCHOOL:	DATE(S) OF ACTIVITY:					
NATURE OF EVENT OR ACTIVITY (i.e., retreat, field trip, mission trip):						
DESTINATION/VENUE:						
DECTINATION///ENLISIC WEDCITE.						
DESTINATION/VENUE'S WEBSITE:						
IMPORTANT NOTE TO PARENTS:						
This event offers activities that are considered high-risk to participants. Paris						
or supervision for these high-risk activities; however, the destination/venue ha	is trained staff who will be in charg	ge of these activities.				
Listed below are high-risk activities that are available to your child. Please in						
will be given an alternate low-risk activity in which to participate if the parent of addition to this document, the destination/venue may have a separate liability						
n the activity. The venue's website is provided above for additional informati						
concerns with your child participating in a particular activity.						
ACTIVITY: TO BE LISTED BY PARISH/SCHOOL	APPROVED	PARENT INITIALS:  NOT APPROVED				
	AITIOTED	NOT AT TROVES				
	I					
DADENT/QUARDIAN GIONATUDE	l pa	Tr.				
PARENT/GUARDIAN SIGNATURE:	DA	ATE:				
STUDENT'S NAME:						

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

REVISED: 3/20