

FIELD TRIP PERMISSION SLIP FORM

JOLIET DIOCESAN SCHOOL SYSTEM

On _____ will be taking a
(day, date) (class)

field trip to _____. The educational benefit of this trip will
be _____. We will leave school at _____
(time)

and arrive back to school by _____. There will be _____ chaperons per _____
(time)

children. Transportation will be by _____. The cost of the trip will be \$_____.
(bus, foot, etc.) (amount)

Please return the signed permission slip with the money by _____.
(date)

(Students will wear _____. \$____ money is needed.
No extra money is to be brought).

Thank you.

(Chaperones must have had a background check and have attended "Protecting God's Children Program.")

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I request that _____
(Name of School)
take my child _____
(Student's Name)
on a field trip to _____
(Place)

I hereby release and indemnify St. Joseph Parish/School, Downers Grove, IL 60515
its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature
whatsoever from my child's participation in this event.

RELEASE: If emergency treatment is required, and the parents or legal guardian cannot be reached immediately,
your signature in the space provided below empowers the school authorities to exercise their judgement to transport
the child to a hospital emergency room.

Signature of Parent or Guardian _____ Date _____

Address: _____
Street City State Zip

Phone number where I can be reached during the event: (____) _____

