Date:

Dear Parent/Guardian:

The following trip has been planned for your child’s class. Please note the necessary information and return the permission slip by the date noted below. Thank you.

Date of trip: Destination:

Educational purpose of this trip:

Time of departure from school: Time of arrival back at school:

Mode of transportation:

Cost of Trip:

Lunch:( ) at school as usual ( ) bring brown bag lunch ( ) other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dress: ( ) school dress uniform ( ) school PE uniform ( ) other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information:

**PLEASE RETURN SLIP by:**

I/We, parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grade \_\_\_\_ request that St. Benedict Preparatory School permit my/our son/daughter to participate in this field trip as described above. I/We understand that this is an educational trip and a valid extension of the classroom experience. In consideration of the making of arrangements by the school, I/we release and save harmless the school and any and all school personnel from any and all liability for any injuries, loss, or other claims arising or resulting from this trip.

(Only one signature needed)

**Print first and last name of Mother/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mother/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Print first and last name of Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Teachers will have each student’s Medical and Emergency Notification Authorization for Medical Treatment on the trip**