PERMISSION SLIP FOR FIELD TRIP

Dear Parent/Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from St. Louis Catholic School. A brief description of the activity follows:

- Name of Event: _____
- Destination: _____
- Student Cost: _____
- Sack Lunch w/Canned Drink: _____ Yes _____ No
- Date and Time of Departure: _____
- Date and Anticipated Time of Return: _____
- Designated Supervisor of Activity: _____
- Method of Transportation: _____

********** Cut Here **********

If you would like your child to participate in this event, please complete, sign, and return, the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby consent to participation of my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Field trip drivers shall not stop for drinks, snacks, etc., to or from trip destination. Drivers shall not provide snacks or gum to children in their car.

In consideration for making the arrangements and allowing my child to participate, I hereby release and save harmless, the School and all its agents and representatives from any and all injury to my child as a result of this activity.

_____ _____
Print Name (Parent/Legal Guardian) Signature (Parent/Legal Guardian)

_____ _____
Phone Number(s) Phone Number(s)

_____ I am willing to drive and can transport _____ in my car.

TX DL# _____ EIM Certified? _____
I can furnish proof of insurance prior to the morning of the field trip: ____ Yes ____ No

Check (if appropriate): _____ Fee Enclosed _____ Sending Sack Lunch w/Canned Drink

St. Louis Catholic School Fax # 512/454-7252

Rev. 07/16/08 – NO ALTERATIONS ALLOWED TO THIS DOCUMENT.