

**St. Thomas The Apostle School**  
**29 West Penn Street**  
**Bedford, PA 15522**  
**814-623-8873**

***Permission Form For Field Trip Participation***

**We/I** \_\_\_\_\_  
(Parents/Legal Guardian)

**Request that** \_\_\_\_\_  
(Name of School/Organization)

**Permit our child,** \_\_\_\_\_  
(Child's Full Name)

**To participate in a school sponsored activity away from the school building. The activity will be supervised by school personnel and volunteers. A brief description of the activity follows:**

**Event:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Designated supervisor:** \_\_\_\_\_

**Date and time departure:** \_\_\_\_\_

**Date and anticipated time of return:** \_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_

**Student Cost:** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO SCHOOL**

Since it is your request that \_\_\_\_\_  
(Name of School)

Permit \_\_\_\_\_  
(Name of Child)

**To participate in the above mentioned event, you assume full responsibility for any personal actions taken by the students named above. You likewise release the teacher, principal, school, diocese and chaperones from any legal action as a result of any incident which may occur.**

**In case of emergency how do you want the situation handled?**

**Call emergency 911      Yes \_\_\_\_\_ No \_\_\_\_\_**

**Transport child to nearest doctor/hospital      Yes \_\_\_\_\_ No \_\_\_\_\_**

**Do what school representatives feel is best for child      Yes \_\_\_\_\_ No \_\_\_\_\_**

**Other (Please specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Phone Number** \_\_\_\_\_

**This form will be kept on file for one year.**

**PLEASE RETURN THIS FORM BY** \_\_\_\_\_