



- Be a part of our family*
- our faith community*
- our academic excellence*
- our values*
- our traditions*
- our success*

**FIELD TRIP PERMISSION FORM**

**PURPOSE** As a continuation of their study of science, the second grade students will be visiting The Children's Museum in Naperville, Illinois on Thursday, October 21. We will leave school at 8:45 a.m. and return to school at noon.

Students are expected to remain in uniform and we will walk to and from the Museum escorted by school parents who have completed the Protecting God's Children requirements. Please send a \$10.00 check made out to Saints Peter and Paul School along with the completed permission slip below, to your child's classroom, by Friday, October 15.

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NAME \_\_\_\_\_

I consent to the participation of my child to attend the above named activity. In consideration of my child's participation, I agree to reimburse and indemnify Ss. Peter & Paul Parish and School (understood to include the Diocese of Joliet) for all reasonable legal and court fees incurred by Ss. Peter & Paul School and Parish in defending a lawsuit that my child or me may bring against Ss. Peter & Paul School and Parish which relates to the above activity if Ss. Peter & Paul School and Parish is found not legally liable by the courts and prevails in the lawsuit. If Ss. Peter & Paul School and Parish are found legally liable for injuries sustained by my child, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the trip to The Children's Museum on Thursday, October 21, 2010 that my child will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of Ss. Peter & Paul School to clarify any concerns or questions about the field trip or this agreement that I may have had.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please furnish medical information about your child that may be pertinent to his or her participation in the above identified activity (all activity is indoors for this trip):

\_\_\_\_\_

Also please indicate: Date of most recent tetanus booster \_\_\_\_\_

Any medication \_\_\_\_\_

Any allergies, if yes, explain: \_\_\_\_\_



## CHAPERONE FORM

I, \_\_\_\_\_, am available to chaperone the trip to  
Parent Name (Please print)

\_\_\_\_, on \_\_\_\_.

I understand that, if selected to chaperone, I must have completed "Protecting God's Children" program. I am not to bring any other family members with me on the trip.

I also understand that to assist with communication with the teacher and other chaperones, I will bring along my cell phone if I have one. My cell phone number is: \_\_\_\_\_.

Parent Signature: \_\_\_\_\_