

St. Mary's Catholic School

Walking Field Trip Form

2017 - 2018

Due to our physical location, St. Mary's Catholic School students often have an opportunity to participate in educational opportunities at library and Cathedral. **You will be notified of the event, purpose, destination, date and time of departure, and estimated time of return in advance** allowing you the opportunity to disapprove your student's participation if you so choose. Students without an approved and signed permission form may not participate in the field trip. Your son/daughter/guardianship must be eligible at the time of the field trip to participate in a school-sponsored activity that requires they be absent from the school grounds and classes.

This activity will take place under the guidance and supervision of St. Mary's Catholic School Faculty.

Activity: Walking Field Trip

Destination: To Laramie County Library or St. Mary's Cathedral

Designated supervisor: St. Mary's Catholic School Faculty

Date and time of departure: To Be Announced

Date and anticipated time of return: To Be Announced

Method of transportation: Walking

Student Cost: To Be Announced (if needed)

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

I hereby consent to participation by my child, _____, in the event described above. I understand this event will take place away from school grounds and 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.

Parent's Printed Name

Parent's Signature

Emergency Telephone Number

Address

I hereby authorize St. Mary's Catholic School to take my child for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

Signature _____ Date _____