



Field Trip Participation Parent/Guardian Permission Slip

Dear Parent/Guardian,

Your child/guardianship is eligible to participate in a school-sponsored activity requiring transportation to an off-site location. This activity will take place under the guidance and supervision of employees from ST. MARY'S ACADEMY. Complete page two if your child/guardianship requires medication dispensed during the stated field trip time. A brief description of the field trip/activity follows:

Deadline to Return this Permission Slip: _____

Curriculum Objective: _____

Destination: _____

Designated Supervisor Trip/Activity: _____

Date of Departure: _____ Date of Return: _____

Time of Departure: _____ Time of Return: _____

Method of Transportation: Chartered Bus SMA Bus
 Volunteer Vehicle Other _____

Lunch/Snack Provision: _____

Student Cost: \$ _____ Chaperone Cost: \$ _____

I hereby request and grant permission for my child/guardianship, _____, to participate in this field trip/activity. I consent to the conditions stated above. I understand that as the parent/guardian, I remain fully responsible for any legal responsibility that may result from the personal actions taken by the above-named student.

Parent/Guardian Signature: _____ Date: _____

Emergency contact name and phone number for contact during the date and time of this event.

Name: _____ Ph. #: _____



**Field Trip Medication Dispensing
Parent/Guardian Permission Slip**

This form requires completion if your child/guardianship requires medication during the time of the field trip.

Student Name: _____

Please indicate one of the following:

_____ I can chaperone on this field trip and will be able to administer my child's/guardianship's medication.

OR

_____ I cannot participate/chaperone on this field trip and cannot administer my child's/guardianship's medication, if necessary. I hereby give permission to the below individual (who may not be an employee of the Archdiocese of Atlanta) to administer my child's medication, should it be necessary:

Individual's Name _____

My child/guardianship requires the following emergency medication:

Inhaler _____ Epi-Pen _____ Other _____

Dosage/Instructions: _____

Parent/Guardian Signature

Date