

SAINT MARY INTERPAROCHIAL SCHOOL
FIFTH AND LOCUST STREETS
PHILADELPHIA, PA 19106
215-923-7522

FIELD TRIP PERMISSION FORM

We (I) as parent(s) or legal guardian(s) of ___

Give permission for our child to participate in:

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless Saint Mary Interparochial School and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (My) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of my (our) child's participation.

Insurance:

Group#:

ID#:

Student Signature

Parent/Guardian Signature

Parent/Guardian Signature