

**Diocese of San Diego
Field Trip Permission Form
Blessed Sacrament Parish School**

Dear Parent or Legal Guardian:

A field trip is a privilege, not a right. Your son/daughter, guardianship, is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees from BLESSED SACRAMENT PARISH SCHOOL. A brief description of the activity follows:

Curriculum Goal:

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Student Cost: _____

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. 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.

In accord with diocesan policies, chaperones are expected to drive directly to and from the specified fieldtrip locations only. Parents may not stop at additional locations for snacks or drinks due to potential liability issues. The expectation is that parents will follow school wide behavior and discipline plans while on fieldtrips. Should a chaperone arrive back at school prior to the homeroom teacher, the expectation is that the chaperone will remain with their group until the homeroom teacher arrives.



We hereby release and hold harmless BLESSED SACRAMENT PARISH SCHOOL and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, _____, a student in grade _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above for this event, including the method of transportation.

Parent Signature

Date

Address

Emergency Phone Number

Please return this form by _____

_____ I can drive _____ Number of seatbelts available for students

_____ I am unable to assist with driving at this time

(over)

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EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 number, contact:

NAME & RELATIONSHIP _____

PHONE: () _____

FAMILY DOCTOR: _____

PHONE: () _____

I also authorize the designated supervisor to administer first aid with the understanding that BLESSED SACRAMENT PARISH SCHOOL has documentation that the designated supervisor has basic first aid training.

Signature

Date

Address

Emergency Phone Number