



NAME OF STUDENT:					
NAME OF PARENT/GUARDIAN:			PHONE:		
As parent or guardian of the above named student, I giv	•	•	cipate in th	ne field trip described as follows	
PARISH/SCHOOL:	DAT	E OF TRIP:			
DESTINATION/ACTIVITY:					
A separate detailed itinerary and parent consent must b	ne provided for high	n-risk activities			
DESIGNATED TEACHER/SURPERVISOR:			PHONE:		
MODE OF TRANSPORTATION:		DEPARTURE 1	TIME:	RETURN TIME:	
STUDENT COST (IF APPLICABLE):					
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PLEASE COMPLETE FORM AND RETURN BY:					
ony further treatment by the hospital or doctor. On field trips that occur during the length of the school day, a administered by staff. If you are unable to reach a parent/guardian at the above			rovided to th	ne school will be carried and	
ALTERNATE CONTACT NAME:		·-	PHONE:		
PERTINENT MEDICAL CONDITIONS:					
FIELD TRIP CONSENT AND RELEASE: n consideration for my child/ward's participation, I agree to rencurred by parish/school in defending a lawsuit that I or my cactivity if the parish/school is found not legally liable by the coststained by child/ward, this paragraph will not apply.	child/ward may bring	against the paris	sh/school W	hich relates to the above named	
certify that I have an understanding of this agreement and a child/ward will be participating in. I further understand that I ha	ad the opportunity to	fully discuss thi	s agreemer		
	activity of time digitor.				
]	DATE:	
parish/school to clarify any concerns or questions about the a		on this form.		DATE:	