

Family Permission Slip - One per family

Diocese of Grand Rapids
St. Paul the Apostle School
Parent Permission Form for Field Trip Participation

Grade: K-8

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from St. Paul the Apostle School. A brief description of the activity follows:

Name of Event: Whitecaps Baseball Game

Destination: Fifth Third Ball Park

Designated Supervisor of Activity: teachers

Date & Time of Departure and Return: May 25th 10am - 2¹⁵pm

Method of Transportation: bus

Student Cost: 0

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to school by May 20.

Statement of Consent

I hereby consent to participation by my child, _____, in the event described above scheduled for _____. I understand that the event will take place away from the school/parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Paul the Apostle Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. Paul the Apostle Parish/School to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

During this event, I can be reached at () _____

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

(Print Parent's Name)

(Parent's Signature)

(Date)

Chaperones are needed for this trip Yes ___ No ___ (Teacher please indicate)

Parents: _____ Yes, I am VIRTUS trained and am able to chaperone for this event.

_____ No, I am unable to chaperone for this event.