## St. Kieran Catholic School Diocese of San Diego Field Trip Permission Form - Elementary Schools

Dear Parent or Legal Guardian:

Emergency Phone Number

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 St. Kieran School. A brief description of the activity follows: Curriculum Goal: Destination: Designated Supervisor of Activity: Student Cost: Departure (Date & Time): Return (Date& Anticipate Time): Method of transportation: I understand that once payment is received and reservations made, payment will not be refunded for lack of attendance on the field trip. 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 which may result from any personal actions taken by the named student. We hereby release and hold harmless St. Kieran 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. \_\_\_\_\_, a student in grade \_\_\_\_\_, be allowed to participate in the event described above. I request that my child, 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. If you drive you are considered a chaperone. A chaperone must: Remain with the group the entire duration of the field trip. 1. 2. Be able to be **free from cell phone use** so that all attention & care may be devoted to chaperoning the students. 3. Not show any videos in your automobiles. Please return this form by: Please check if applicable: I am available to drive for this field trip \_\_\_\_ # of seat belts available **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 \_\_\_\_ Phone \_\_\_\_ Family Physician: I also authorize the designated supervisor to administer first aid with the understanding that St. Kieran School has documentation that the designated supervisor has basic first aid training. Parent Signature Date

Address