

**St. Susanna Catholic School
1212 E. Main Street
Plainfield, IN 46186**

Field Trip Permission and Activity Release Form

Note that this form must be completed and returned to school before any child may leave the facility for an activity. Verbal permission is not acceptable.

I/we am/are the authorized parent(s) or guardian(s) of _____.
(child's name)

I/we give _____ permission to participate in a class/group trip to
(child's name)

_____ on _____ . _____ We will take the bus
(location) (date of trip) _____ We will have parent drivers

I hereby release St. Susanna School, school staff, volunteers and the Archdiocese of Indianapolis from any and all liability should any accident or injuries occur during this trip.

I understand that my child is responsible for proper behavior and following teacher or staff instructions on this trip; and that my child may be returned to school if there is a problem.

I authorize the escorting staff to seek medical aid for my child should it be deemed necessary if I/we cannot be reached. I/we will be responsible for any medical costs incurred.

(parent/guardian signature) (parent/guardian signature) (date)

Trip Information

Departure time _____ Return Time _____ Uniform ____ Dress Up ____

Other _____

Emergency Information

Home Phone _____ Work Phone _____ Cell Phone _____

Doctor's Name _____ Doctor's Phone Number _____

Preferred Hospital _____ Medical Insurance _____
(company and number)

List any allergies or other medical information needed in an emergency.