

# St. Mary's School

4 Myrtle Street  
Melrose, MA 02176

## FIELD TRIP PERMISSION SLIP

Today's Date \_\_\_\_\_

I, as a parent or guardian, give permission for \_\_\_\_\_  
(Student's first and last names)

To attend \_\_\_\_\_ on

(Event and Place)

\_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_ for

(Date)

(Time)

(Time)

\_\_\_\_\_  
(Reason for the field trip)

I agree to the mode of Transportation: \_\_\_\_\_  
(Bus Company, Walking, MBTA, etc.)

Place of Departure: \_\_\_\_\_  
(Where)

Place and Time of Return: \_\_\_\_\_ about \_\_\_\_\_  
(Where) (Time)

Teacher(s) in charge: \_\_\_\_\_

Students will be accompanied by an appropriate number of adults: teachers, aides, parents, or school volunteers.

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I on my behalf, individually and as a parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, or as applicable the Board of Trustees/Directors of St. Mary's School its Principal, teachers, instructors, volunteers, priest/chaplain, employees and agents and each such persons and such entity's agents, representatives, successors or assigns from any and all claims and causes of action, including but not limited to claims for personal injury which I, individually and as parent or guardian of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event.

I also state that I am not aware of any health reasons, which would prohibit or limit my child's participation in this field trip, activity or event.

**IN CASE OF INJURY I GIVE PERMISSION FOR MY CHILD TO BE TREATED BY A PHYSICIAN.**

Allergies Emergency Personnel should be aware of: \_\_\_\_\_

I am a parent/guardian authorized to sign this form.

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home/Cell) (Business)

Emergency Contact: \_\_\_\_\_  
(Name)

Telephone: \_\_\_\_\_  
(Home/Cell) (Business)

**Required:**

**Parent/Guardian Signature:**

\_\_\_\_\_

