

**Parent/ Legal Guardian Permission Slip
La Salle Academy Field Trip Participation**

Dear Parent or Legal Guardian: (Grade_____).

Your son/daughter/guardianship is eligible to participate in a school-sponsored Field Trip. A Brief description of the activity follows:

Curriculum Goal:_____

Destination:_____

Designated supervisor:_____

Date:_____Departure Time:_____Return Time:_____

Method of Transportation:_____

Student Cost:_____

Comments or particulars:_____

Got It Slip

If you would like your child to participate in this field trip to_____, please complete, sign, and return the following statement of consent and release of liability. As parent or guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. No student will be allowed to participate unless a signed permission slip is submitted prior to the field trip.

I hereby consent to participation by my child in the event described above. I understand this event will take place away from school grounds and my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby give permission for my child to be taken for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

Student Name

Grade

Parent's Name/ Signature

Date

Emergency Phone Number

Address