

Diocese of Memphis

Field Trip Permission Form

St. Anne School
(901) 323-1344

We will be conducting a field trip to:

The students will depart from school on _____, 20_____

They will leave school at _____ a.m. /p.m. and return at _____ a.m. /p.m.

St. Anne School will arrange transportation to and from the school and appoint appropriate chaperones. Students will/will not bring a lunch on that day. Students will/will not be wearing school uniforms.

I request that my child be permitted to participate in the above field trip. I agree to instruct my child to cooperate and to conform to the directions and instructions of the field trip's supervisory personnel. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the school personnel permission to obtain medical assistance for my child. I give permission to the named physician (pg. 2) to render medical treatment as deemed necessary and appropriate. I agree to relieve the Diocese of Memphis, St. Anne School, and other participating adults from any liability in connection with this request.

Signature of Parent or Guardian

Home phone

Home address

Work/cell phone

Student name (please print)

Date

(OVER)

Please fill out the following medical information:

Allergies (Please specify) _____

Name of physician: _____

Phone: _____

Insurance information:

**NO STUDENT MAY ATTEND A CLASS FIELD TRIP WITHOUT THIS
SIGNED PARENT PERMISSION FORM.
PERMISSION BY PARENTS MAY NOT BE GIVEN OVER THE PHONE.**