PARENT PERMISSION SLIP

School Name: Saint Michael School Date: _____

I, as parent or guardian, give permission for _____
(Student's first and last name)

to attend _____
(Event and Place)

on _____ from _____ until _____
(Date) (Leaving) (Returning)

for _____
(Subject: History, English, etc.)

Mode of Transportation: _____

Teacher in Charge: _____

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

CONSENT AND RELEASE

I hereby give my permission to my son/daughter, named above, to participate with Saint Michael School on their field trip as outlined above. I further agree that the Archdiocese of Boston, Reverend Albert L. Capone, Saint Michael School, Mrs. Mary Frances Chisholm and the faculty of Saint Michael School shall be held harmless from and indemnified against any and all liabilities, costs, claims, loss or damage which it or they may incur as a result of any accident or injury to my son/daughter.

In the event that I cannot be reached in an EMERGENCY, permission is also hereby given for any medical treatment which may be necessary or reasonable in the event an accident or injury occurs or in the event that any illness manifests itself.

Signed: _____ Date: _____

Address: _____

Telephone: (Home) _____ (Business) _____

Primary Care Doctor: _____ Telephone: _____

Hospital: _____

Insurance Company: _____

Policy Holder: _____ Policy Number: _____