

ST. JOHN PAUL II CATHOLIC SCHOOL
SCHOOL TRIP PERMISSION FORM

A field trip or school-sponsored activity has been scheduled by your child's teacher/sponsor and principal as follows:

Destination: _____ **Date(s):** _____

Approximate Departure Time: _____ **Approximate Return Time:** _____

STUDENT SHOULD WEAR:

- _____ Official full dress uniform
- _____ Casual uniform (uniform bottom and SJPII polo)
- _____ Wear other _____
- _____ Bring completely disposable & labeled lunch/drink

Educational objectives: _____

Transportation will be provided by _____

Teachers or adult sponsors will chaperone the group and a reasonable effort will be made to ensure a safe trip and to accomplish the educational objectives for which this activity has been planned. If necessary, additional information concerning the trip is attached or may be obtained by calling 281/496-1500.

Teacher/Sponsor AND Class

Mrs. Hengst
Principal

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The undersigned, being the parent or legally appointed and qualified guardian of _____, does hereby consent to said student's participation in the field trip or school-sponsored activity to _____

I herewith authorize the teacher/sponsor to secure medical services for said student, if necessary. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. I further agree to hold the St. John Paul II Catholic School, its Board of Directors, administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in or while traveling to and from such event.

I have listed below any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

Special information: _____

Date

Signature

THE BOTTOM PART OF THIS FORM MUST BE SIGNED AND RETURNED PRIOR TO THE STUDENT BEING ALLOWED TO PARTICIPATE. PARENTS APPROVAL MAY NOT BE OBTAINED BY TELEPHONE.

If the cost of this activity is a hardship, please contact Mrs. Hengst.