PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees

and parent volunteers.

Name of Event:				
Destination:				
Date and Time of Departure a	nd Return:			
Method of Transportation*: _				
Student Cost:				
			sign, and return the following staten in fully responsible for the actions	
	STATEMENT OF	CONSENT & REL	EASE	
above. I understand that this ϵ	event will take place aw ated school employee o	vay from the school gon the stated dates. I	n, in the event description of the conditions of the conditions of the conditions.	ndei
my child to releaseemployees, agents, volunteers claims, damages, and loss sus	School and P s, and representatives, stained in connection w Releasees from any ar	earish, the Archdioces including volunteer with my child's partic and all claims which	I hereby agree on behalf of myself se of Detroit, and their affiliated enti- drivers ("Releasees") from any and cipation in this event. I further agre may be asserted by or on behalf of	ties, d all ee to
	(Print Parent's Name)		_	
	(Parent's Signature)		(Date)	
Please return this entire form		to		
	(Date)		(Person)	

^{*}To the extent volunteer drivers are used and my child is under eight years old or under 4'9" I understand that I must provide a booster seat for transportation of my child.