

OLD MISSION MONTESSORI SCHOOL
Field Trip Permission Form
Room _____

Dear Parent or Legal Guardian:

A field trip is a privilege, not a right. Your son/daughter, guardianship, is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees from Old Mission Montessori School. A brief description of the activity follows:

Curriculum Goal: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Student Cost: \$ _____

Method Transportation: Parent volunteer driven automobiles

Uniform Requirement: Teal colored field trip (for Primary, Transition and Junior Elementary students) or blue polo logo shirt (for Senior Elementary and Middle School students), uniform bottoms, and closed toe shoes.

Meal Requirement: Disposable sack lunch (no thermoses, containers, lunch boxes, etc.)

If you are requesting that your child participate in this event, complete, sign and return the following request for participation. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

We hereby release and hold harmless Old Mission Montessori School and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, _____, a student, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above for this event, including the method of transportation.

Parent Signature

Date

Emergency Phone Number

Please return this form by: _____.

(Please complete reverse side)

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME AND RELATIONSHIP: _____

PHONE: () _____

FAMILY DOCTOR: _____ PHONE: () _____

I also authorize the designated supervisor to administer first aid with the understanding that Old Mission Montessori School has documentation that the designated supervisor has basic first aid training.

Signature

Date

Address

Emergency Phone Number

NOTE: No child may attend an event or leave the school grounds during school hours without the written permission of parents.