

Diocese of San Diego: St. Mary Star of the Sea Field Trip Permission Form

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 St. Mary Star of the Sea School. If you request that your child participate in this event, please complete, sign, and return this entire form, including the request for participation, release, and emergency medical treatment authorization for your child. 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.

This is a very special occasion just for the 8th Grade, so students must dress accordingly in their very best attire.

Designated Supervisor of Activity: Mrs. Crossman & Ms. Kaplan

Curriculum Goal: Satisfy curriculum requirements for language arts, music, and technology through study and analysis of a live performance of an opera, *Aida*.

Destination: San Diego Civic Theater

Date and Time of Departure: Thursday, April 10, 4:30 p.m.

Date and Anticipated Time of Return: Thursday, April 10, 8:45 p.m. (approximately)

Method of Transportation: private bus

Student Cost: \$35.

Please return this entire form with payment to St. Mary's no later than: Tuesday, April 8.

I request that my child, _____ a student in grade 8,

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 date(s). I further consent to the conditions stated above for this event, including the method of transportation.

Release and Emergency Medical Treatment Authorization

I/We hereby release and hold harmless St. Mary Star of the Sea 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.

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 my number below, contact:

Name _____ Relationship _____

Phone () _____ Cell Phone () _____

Family Doctor: _____ Phone () _____

I also authorize the designated supervisor to administer first aid, with the understanding that St Mary Star of the Sea School has documentation that the designated supervisor has basic first aid training.

Parent Signature _____ Date _____

Address _____ Emergency Phone _____