

Extra copy in case Child's Original Copy is lost:

ST. AMBROSE SCHOOL FIELD TRIP PERMISSION FORM

Description of Field Trip: _____ Cost of Field Trip: _____

Destination: _____

Method of Transportation: _____

Supervision: _____

Date: _____ Departure Time: _____ Return Time: _____

Objectives of Field Trip: _____

Specific Materials to be Brought: _____

Instructions to students:

1. Do exactly what the Teacher/chaperone requires.
2. Stay with the chaperone/ group at all times.
3. Manners, students are representatives of St. Ambrose School.
4. Do the best you can.

Permission:

By signing this form, I/we _____ certify that I/we request
Parent or Guardian

and give permission for _____ to go on this Field Trip.
Student

I/we have given the instructions required above, and I/we release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them.

Emergency Information:

Father's Name	Phone #	Medical Ins. Carrier & Policy #
---------------	---------	---------------------------------

Father's Cell Phone: _____

Mother's Name	Phone #	Medical Ins. Carrier & Policy #
---------------	---------	---------------------------------

Mother's Cell Phone: _____

Guardian's Name	Phone #	Medical Ins. Carrier & Policy #
-----------------	---------	---------------------------------

Doctor's Name	Phone #
---------------	---------

Preferred Hospital	Phone #	Student's Social Security #
--------------------	---------	-----------------------------

Current Immunization: Yes _____ No _____ Allergies: _____

I/We give permission for _____ to be transported by ambulance and/or to be
Student
treated in the event of a medical emergency.

Signature of Parent /Guardian: _____