

St. Philomena School Permission Slip



_____ has my permission to accompany
his/her class on a field trip to:

Place _____

Date _____ Transportation _____

I will not hold the school responsible for anything that may occur during the course of the trip.

Parent/Guardian Signature _____ Date _____

In case of accident or serious injury, I hereby authorize St. Philomena School or its representative to make whatever arrangements seem necessary to take care of my child.

Parent/Guardian Signature _____ Date _____

Student's Name _____

Medications to which my child is allergic:

Other allergies or medical conditions:

Please give the phone numbers where the parents can **READILY** be reached in case of emergency:

Health Insurer _____ Policy # _____