

FIELD TRIP PERMISSION SLIP – ST. BENEDICT SCHOOL

Please allow my child _____ to take part in
a field trip to _____ on _____.

(mm/dd/yy)

Everyone transporting our school’s students is required to have their own personal liability insurance and to be responsible for the care of our students. As this student’s parent or guardian, I release the School, Catholic School Services, and any associated person or agency from any claims in consideration for the opportunity to participate in this program.

PARENT/GUARDIAN

DATE

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