

ST. JEROME CATHOLIC SCHOOL

STUDENT FIELD TRIP/ACTIVITY PARENTAL AUTHORIZATION

STUDENT'S NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____

DATE OF TRIP: _____ MEANS OF TRANSPORTATION: _____

APPROXIMATE DEPARTURE FROM SCHOOL: _____ RETURN: _____

ACTIVITY/EVENT: _____

COST PER CHILD: \$ _____ BRING BAG LUNCH: _____ RETURN BY: _____

I hereby request that my child, _____, be permitted to attend the above described school field trip/activity and hereby give my permission to the school to allow my child to leave campus for this event as indicated above. I hereby authorize that emergency medical treatment may be administered.

I hereby release St. Jerome Catholic School, the Office of Education and the Superintendent of School of the Archdiocese of Miami from any all liability in case of accident or injury during the school sponsored field trip/activity.

Signature of Parent/Guardian

Date

EMERGENCY CONTACT INFORMATION

Mother's Work Phone: _____ Father's Work Phone: _____

Other Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

If there are any special circumstances regarding you child of which the moderators should be aware, please describe them below: _____

