

**SACRED HEART ACADEMY
PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. Parents/guardians are responsible for transportation to and from events for those children in their care unless otherwise stated (i.e. use of a bus provided by the sponsoring agency). A parent can designate another parent/youth to transport his or her child. This activity will take place under the guidance and supervision of employees/volunteers from _____ school/parish.

Name of Event: _____

Destination _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Time of Return: _____

Method of Transportation: _____

Participation Cost: _____

If you would like your student to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your student.

STATEMENT OF CONSENT

I hereby consent to participation by my student _____, in the event described above. I understand that this event will take place away from the school grounds and that my student will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my student being allowed to participate in this field trip, I agree to indemnify and hold harmless SACRED HEART ACADEMY, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers from any and all claims, including negligence, arising from or relating to my student participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

(Print Parent's Name)

Parent's Signature

Please return this entire form by: _____ to _____
Date Person