



We (I) as parent(s) or legan guardian(s) of \_\_\_\_\_

Grade: \_\_\_\_\_

Give permission for our (my) child to participate in a WALKING FIELD TRIP.

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and our (my) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless SAINT MARY INTERPAROCHIAL SCHOOL AND PARISH AND THE ARCHDIOCESE OF PHILADELPHIA, and their employees and representatives, from claims, arising from or related to, our (my) child's participation.

Our (My) child understands and agrees to abide by all rules and regulations established by the school pertaining to such trip.

We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of our (my) child's participation.

**Insurance**

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Please check above insurance information for accuracy, and indicate changes where necessary.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*N.B. Each student must return the signed permission form before being permitted to participate in the field trip.*