

DIOCESAN SCHOOL FIELD TRIP PERMISSION FORM

_____ (Student Name)

has permission to participate in St. Michael School's field trip to:

_____ (Destination)

on _____ (Date of trip).

As parent or guardian, I release the school, Catholic School Services and any associated person or agency from any claims of ordinary negligence, in consideration for this opportunity to participate in this program.

Parent Signature _____ Date _____