

Saint Therese Classical Academy and Learning Center
PERMISSION SLIP FOR FIELD TRIP

Name: _____ Date: _____
Place: _____ Address: _____
Cost: _____ Time to leave: _____ Time to return: _____
Teacher(s) in charge: _____
Transportation: _____
Purpose of Trip: _____

In case of emergency, the teacher(s) in charge can be reached at the following cell phone number(s) during the class trip: _____

Please complete the bottom portion of this form and return to your child's teacher by _____.

Permission slips must be signed and returned in order for your child to participate in the field trip.

NOTE: Please notify your child's teacher if any medical conditions or allergies exist that she needs to be aware of. Any medications that your child needs to take during the trip must be given to the teacher, not the student, in the original container with clear instructions given as to use. A note authorizing the teacher to administer the medication must accompany the medication and be signed and dated by a parent.

As the parent or legal guardian of (student name) _____, I (your name) _____ give permission for my child to participate in the St. Therese Classical Learning Center's sponsored class trip to (place) _____ on (date) _____ with (teacher) _____.

I understand that the teacher in charge and the St. Therese CLC will take all possible care to ensure the safety of our children in his/her care.

I also understand that the St. Therese Classical Learning Center Inc., and St. Mary's Parish, its leaders and employees assume no responsibility for damages, losses, or accidental injury.

Signed: _____
(Parental Signature Required)