

# St Elizabeth High School Field Trip Authorization Form

I am the parent or legal guardian of \_\_\_\_\_

and request that you take him/her on a field trip to

on (month, day, year)

for the purpose of

I understand that the trip will leave (location)

at (time)

and return to (location)

at (time)

Students will be transported by means of

The school will provide chaperons. I understand that students must leave from and return to school with the group. The dress code is

I understand that I may be required to remove my student from the trip for failure to abide by school regulations regarding conduct, dress, or the use of alcohol, drugs, tobacco, electronic communication devices, etc. I agree to release and save harmless, the school and any employees from any liability for any injury occurring while my student is on this trip. In case of emergency, please contact me at

\_\_\_\_\_ Work \_\_\_\_\_ Home

(daytime phone) \_\_\_\_\_ or (evening phone) \_\_\_\_\_

My student will have the following medication to take - according to the following directions:

\_\_\_\_\_

Overnight trips require the completion of an additional Emergency Release and Insurance Verification Form.

**Faculty Authorization:** Please initial to the right of the period

Homeroom		1st Period		2nd Period	
3rd Period		Activity Period			
4th Period		5th Period		6th Period	

**NOTE: NO STUDENT WILL BE INCLUDED ON A FIELD TRIP WITHOUT THE SUBMISSION OF THIS FORM PRIOR TO DEPARTURE.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_