

Little Flower Catholic School
1401 North Bosart Avenue
Indianapolis, IN 46201

Field Trip Permission Slip Form

Date: _____

Dear Parents:

The **Students/Staff of Little Flower** will be going on a field trip to: _____

on: _____

Each child is asked to bring the following: _____

Appropriate attire for this trip is: _____

Please be sure your child is dressed appropriately.

Special risk at this site include: _____

Participants will be traveling by: Bus _____, Car _____, Other _____.

We will be departing at _____ and returning to school by _____.

Name of Supervising Teacher: _____



I/We, the parent(s)/guardian(s) of _____

Request that the school allow my/our son/daughter to participate in this field trip. I/We hereby release and save harmless Little Flower Catholic School, Archdiocese of Indianapolis, and any and all of its employees from any and all liability for any and all harm arising to my/son/daughter as a result of this trip. I/We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

In the event of an emergency I can be contacted at: _____

In the event of an emergency and I can not be contacted please call: _____

_____ at _____.

In the event of an emergency and we cannot be contacted, we hereby authorize that emergency treatment may be administered.

Parent/Guardian Signature _____ Date _____

The following are special circumstances regarding my child of which you should be aware:

The school reserves the right to prohibit any child who presents a discipline problem from participating in this field trip.