

Our Lady of Mount Carmel School
400 West Monroe Street
Herrin, Illinois 62948
Phone (618)942-4484
Fax (618)942-2864
Principal, Jason Swann

PARENTAL/LEGAL GUARDIAN PERMISSION SLIP FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter, is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school. This activity will take place under the guidance and supervision of employees from Our Lady of Mt. Carmel School.

PARTICIPANTS: _____

CURRICULUM GOAL: _____

DESTINATION: _____

DESIGNATED SUPERVISOR: _____

DATE & TIME OF DEPARTURE: _____

DATE & TIME OF RETURN: _____

METHOD OF TRANSPORTATION: _____

STUDENT COST: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby request participation by my child, _____, in the event described above. I understand that this event will take place away from school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Parent/Guardian signature _____ Emergency phone number _____

Please return this form by: _____