

Saratoga Central Catholic High School

"Preparation for College – Values for Life"

247 Broadway, Saratoga Springs, NY 12866

Phone: 518-587-7070 Fax: 518-587-0678

L. Stephen Lombard
Principal

Dennis Ostrowski
Assistant Principal/IT Coordinator

Margot Barnes
Director of Guidance/Admissions

Jean M. Taylor
Director of Development

FIELD TRIP PERMISSION FORM

I, _____, am the parent or guardian of _____,
(name of parent or guardian) (name of student)

is a student at _____ in the _____ grade. I hereby grant permission
(name of school/church)

for the above named child to attend _____
(type of field trip)

on _____ at _____ from _____ to _____,
(month/date/year) (am/pm) (am/pm)

and I consent to his/her participation in this field trip. I understand that my child will get to the
place of the field trip and return by _____.
(means of transportation)

I understand that I will be notified immediately should it become necessary to obtain emergency
medical treatment. The person(s) who should be notified and the telephone number(s) are:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

I fully understand what is involved in the field trip, and I understand that I have the opportunity
to contact the teacher and ask him/her about the field trip.

In case of emergency, I can be reached at _____.

(Signature of Parent/Guardian)

(Date)