



**SARATOGA CENTRAL CATHOLIC SCHOOL**

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**FIELD TRIP PERMISSION FORM**

I, (parent/guardian's name) \_\_\_\_\_,  
am the parent/guardian of (student's name) \_\_\_\_\_,  
a student at Saratoga Central Catholic, in the \_\_\_\_\_ grade.

I hereby grant permission for the above name student to attend (type of field trip)

\_\_\_\_\_ on (date of field trip) \_\_\_\_\_ from (time) \_\_\_\_\_ to (time) \_\_\_\_\_, and I consent to his/her participation in this field trip.

I understand that my student will get to and from the place of field trip by (Bus/Student's parent/guardian, etc.) \_\_\_\_\_.

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 his/her phone number(s) are:

First contact person's Name \_\_\_\_\_  
phone \_\_\_\_\_ (cell /home)

Second contact person's Name \_\_\_\_\_  
phone \_\_\_\_\_ (cell /home)

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 trip.

In case of an emergency, I can be reached at (phone number) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

