



SARATOGA CENTRAL CATHOLIC SCHOOL

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www.saratogacatholic.org

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/location 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.) _____ (mode 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 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 _____



Joseph Kilmade | Principal
Mary Guarnieri | Director of Advancement
Alphonse Lambert | Athletic Director
Nichole Mulkern | School Counselor/Director of Student Services

