

## STUDENT PERMISSION SLIP

I, \_\_\_\_\_, declare by signing this form that I am the legal parent/guardian of \_\_\_\_\_, minor child and student (hereinafter "student") of Academy of the Sacred Heart, and am authorized to grant permission for the activities herein described.

I hereby authorize student to participate in the off-campus field trip and all related activities described below.

### FIELD TRIP INFORMATION

Date of Trip: Friday, September 15 - Sunday, September 17, 2017

Departure Time: 12:00 noon Estimated return Time: 2:00 p.m. Sunday  
(arrival times may vary)

Destination: Camp Westminster - Higgins Lake

Nature of Event: Father/Son Class Trip

Cost of Event: \$ 150.00 ea. Lunch Provided: Yes  No

*(Please make checks payable to Academy of the Sacred Heart) Meals are provided*

Other student Needs/Special Attire: \_\_\_\_\_

Name of Teacher/Supervisor on trip: Mr. Kelly

Teacher/Supervisor Contact: Mr. Kelly

Mode of Transportation: Personal Auto

### SIGNING PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

**MEDICAL AUTHORIZATION/STUDENT HEALTH INFORMATION**

Student has the following health conditions, allergies, diet requirements, mental or physical restrictions and student is prescribed the following medications to treat this condition/these conditions:

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None \_\_\_\_\_

I authorize Teacher/Supervisors of the Academy of the Sacred Heart, and any chaperones or employees, or agents of the Academy of the Sacred Heart to render such emergency medical care to student as I, the parent/guardian, would be authorized to render, during the time period between the departure time and return time of a field trip.

Parent/Guardian Signature

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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 to the Academy of the Sacred Heart by August 21, 2017. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

**RELEASE AND HOLD HARMLESS AGREEMENT**

I hereby consent to participation by student in the special events planned by the school, I understand that these events will take place away from school grounds and that student will be under the supervision of the designated school employees and volunteers on the stated dates. I further consent to the conditions stated above on participation in these events, including the method of transportation.

In consideration of student being allowed to participate in school programs and special events, I agree to release and hold harmless the Academy of the Sacred Heart, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers from any and all claims arising from or relating to student's participation. This Release and Hold Harmless Agreement does not apply to claims or intentional misconduct or gross negligence.

Name of Parent/Legal Guardian (please print)

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Signature of Parent/Legal Guardian

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