

Saint Gabriel Catholic School
Field Trip Permission Form

Family Name _____ % Grade _____

Travel Destination: Walk-a-Thon through the streets of St. Gabriel Parish

Date & Time of Departure: Thursday, September 21, 2017 @ 9:00am

Date & Time of Return: Thursday, September 21, 2017 @ 11:00am

Method of Transportation: Walking

Name & Phone # of the Transportation Company: _____

Designated Supervisor of Activity: Mr. Steve Adams & Faculty

Student Cost: \$0.00 for the field trip

I request that my child(ren) listed above, a student or students of Saint Gabriel Catholic School, be allowed to participate in the aforementioned activity requiring transportation away from the school premises. I understand that my child(ren) will be supervised.

I hereby release Saint Gabriel Catholic School, its staff and its volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the listed event.

In the event that the undersigned cannot be reached, and in the judgment of the designated supervisor of the activity there is a necessity for immediate examination and/or treatment of my child, I hereby authorize the supervisor to obtain for my child such medical services as are deemed necessary.

Parent/Guardian Signature: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Alternate Phone #: _____