

FIELD TRIP PERMISSION FORM

Sponsoring Group: _____

Sponsoring Moderator: _____

Occasion _____ Date: _____

Location : _____

Method of Transportation : _____

Time Leaving VMA: _____ Program/ Event Time: _____

Estimated Return Time to VMA: _____

I understand that participating in an off-campus activity is a privilege and that I am representing Villa Maria Academy. I agree to abide by the policies of the school and of the sponsoring moderator.

Student's Signature

HR

My daughter has my permission to attend the field trip described above. This permission includes all related programs and events associated with this field trip. I waive the school of responsibility in the event of accident and/or injury.

Also, as a parent or guardian, I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent or Guardian's Signature

Date

(Home Phone) _____(Work Phone) _____(Emergency Phone)

Family Physician : _____ Phone: _____

Specific medical allergies, chronic illnesses or other conditions:

Insurance: _____ -

Identification # _____ Group #: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Phone: _____