

FIELD TRIP PERMISSION FORM

Student Name: _____

Sponsoring Group/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 **Huddle**

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: _____

Name of Insurance: _____

Identification # _____ Group #: _____

Allergies: _____

Medical Conditions: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

By signing and submitting this permission form you are agreeing to pay any associated fees (shared by the event host/moderator) via FACTS, when posted. Once this form is submitted any fees are binding.