



St. Charles School - Field Trip Form
This portion is for your information

Dear Parent or Legal Guardian
Your child's class will participate in the following field trip. If you have any questions about the trip, please feel free to contact the school office or your child's teacher.

Grade(s): K4, 1st, 2nd, 3rd, 4th grades
Activity/Event: Mass at the Basilica
Destination: The Basilica of St. Josaphat
Supervisor(s): K4-4th grade teachers
Date and time: February 1st: 9:00AM - 11:00AM
Dress Code: red shirts/khaki bottoms/plaid skirt
Extras:

If you would like your child to participate in this event, please complete, sign, and return the permission form at the right

Please note that as parent or guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

PLEASE RETURN RIGHT HALF BY:

Thursday, January 24, 2019

Parent/Legal Guardian Permission Form and Indemnity Agreement

Child/Ward
[] My child will attend this field trip. [] My child will not attend this field trip.
Grade(s): K4, 1st, 2nd, 3rd, 4th grades
Destination: The Basilica of St. Josaphat
Date and time of activity: February 1st: 9:00AM - 11:00AM
Method of transportation: Bus

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify St. Charles School against any claim that may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless St. Charles School against any claim or cause of action whatsoever brought against St. Charles School which took place during the above identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above named activity and this agreement with a representative of the school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature Date
Home Phone Work Phone OR Cell#

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name Phone

Please furnish medical information about your child/ward that may be pertinent to his or her participation in the above-identified activity:

We will need _____ chaperones. Please check below if you are interested and can make other arrangements for siblings.

_____ I am VIRTUS trained and would like to be a chaperone.

_____ Attached is the chaperone cost of _____ (made payable to St. Charles)

*See attached form for chaperone information.