

HOLY TRINITY INTERPAROCHIAL SCHOOL

336First Street

Westfield, NJ 07090

908/233-0484

PARENT PERMISSION FORM FOR CLASS TRIP PARTICIPATION

Dear Parent/Guardian,

Your child is eligible to participate in a school sponsored activity/field trip requiring transportation to a location away from the school building. This trip will take place under the guidance and supervision of employees of Holy Trinity School. A brief description follows:

Destination: _____

Designated Supervisor: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Student Cost (checks payable to H.T.I.S. or cash): _____

Additional Information _____

If you would like your child to participate in this event, please complete, sign and return this statement of consent and release of liability to your child's teacher by _____.

As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Student Name _____ Grade _____

I request that my child participate in the class trip as described above. I understand that his event will take place away from the school grounds and that my child will be under the supervision of the designated school employee(s) or volunteer(s) on the stated date. I further consent to the conditions stated on participation in this event, including the method of transportation.

I understand and agree that in event that my child should suffer injury of any sort while participating in the event, unless such injury is solely caused by their intentional or grossly negligent conduct, I agree to hold harmless, and not to pursue any claims against Holy Trinity, or any of its agents, servants, or employees, as result of such injury.

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Emergency Number

Please return this entire form by _____