

**Holy Cross Preparatory Academy
Field Trip Permission Form**

Name of Student: _____ **Date:** _____

Date of Trip: _____ **Departure Time:** _____ **Return Time:** _____

Field Trip Coordinator: _____

Nature of Trip: _____ **Cost of Trip:** _____

Parents: Your son/daughter will be participating in a Field Trip to: _____
_____ and will be traveling by School Bus.

I give permission for my son/daughter to participate in this Field Trip.

My child will (circle one): drive him/herself home be picked upon return to this school

Parent Guardian's Signature: _____ **Date:** _____

Parents - PLEASE FILL OUT THIS SECTION - IMPORTANT

Medical Permission For Treatment;

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Holy Cross Preparatory Academy personnel, every attempt will be made to notify the parent or guardian immediately. However, if the parent/guardian is not available and it is felt that emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

Student's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Phone Number _____

Name and Phone Number of person to contact if parent/guardian cannot be reached

Name _____ Phone number _____