St. Therese School
220 Jefferson Avenue
Cresskill, NJ 07626

PERMISSION FORM FOR PARTICIPATION IN A FIELD TRIP

Dear Parent/Guardian:
Your son/daughter is eligible to participate in a School-sponsored activity requiring transportation to a location away from the School building. This activity will take place under the guidance and supervision of teachers and other representatives of St. Therese School. A brief description of the activity is as follows:

Event_____

Designated Supervisor: _____

Date and time of departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Student Cost: _____

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any legal liability which may result from any personal actions taken by your student. If you have any updated information relating to your child or his/her participation in this event, please advise the School as soon as possible.

I request that my child _____participate in this event. I understand that this event will take place away from school grounds and that my child will be under supervision of the supervisor named above. I consent to the conditions of the event stated above, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor named above, the school, and/or any of its agents, servants, employees or volunteers, unless such injury is caused solely by the intentional or grossly negligent conduct of the named supervisor.

_____ _____ _____
Student Name (Please print) Parent/Guardian (signed) Date

Home Phone_____ Cell phone _____ Work phone_____

Please check below IF your child has sensitivity to:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other_____

Required
medications:_____

Please check below IF your child has:

☐ Asthma ☐ Diabetes ☐ Kidney Injuries ☐ Seizure Disorder ☐ Heart Condition ☐ Other Medical Condition

Required
medications:_____

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Form are on record in the Health Office. (If ordered by the student's physician , an epipen must be provided for all field trips.)