



## Permission Slip for Field Trip Participation

Diocese of Wheeling-Charleston and  
St. Joseph Central Catholic High School

Dear Parent or Legal Guardian,

A field trip is a privilege, not a right. Your son/daughter/guardianship is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees from St. Joseph Central Catholic High School. A brief description of the activity follows:

**Curriculum Goal:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Designated Supervisor of Activity:** \_\_\_\_\_

**Date and Time of Departure:** \_\_\_\_\_

**Date and Anticipated Time of Return:** \_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_

**Student Cost (includes meals, if applicable):** \_\_\_\_\_

**Dress Code:** \_\_\_\_\_

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

We hereby release and hold harmless St. Joseph Central Catholic High School and any and all of its employees for any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, \_\_\_\_\_ a student in grade \_\_\_\_\_, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on stated dates. I further consent to the conditions stated above for this event, including the method of transportation.

**Parent Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form to school by:** \_\_\_\_\_