FIELD TRIP PARTICIPATION FORM

Dear Parent or Legal Guardian:
Your child 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 employees of St. Dorothy School. A brief description of the activity follows:

NAME & DESTINATION OF EVENT: _____
DATE AND TIME OF DEPARTURE: _____
ANTICIPATED TIME OF RETURN: _____
DESIGNATED SUPERVISOR: _____
METHOD OF TRANSPORTATION: _____
STUDENT & CHAPERONE COST: _____
STUDENT DRESS CODE: _____
PRUPOSE OF TRIP: _____
GRADE/GRADES PARTICIPATIONG: _____

If you would like your child to participate in this event, please complete, sign, and return the bottom portion to your child's teacher by _____ in an envelope with the student's name, grade and amount enclosed.

___Lunch will be at school ___ Student must bring a bag lunch & juice ___ Lunch can be bought at the event.

ST. DOROTHY SCHOOL FIELD TRIP REQUEST TO PARTICIPATE

I hereby request that my child, _____, participate in the class event at

_____ on _____

I understand that the event will take place away from school grounds and that my child will be under the supervision of the designated school employee on the stated date.

In the event my child needs emergency care and I cannot be reached at the below numbers, I give my consent for my child to be transported to the nearest hospital for the purpose of emergency treatment.

_____ _____ _____
(PRINT PARENT/GUARDIAN NAME) (PARENT/GUARDIAN SIGNATURE) (DATE)

Please supply these numbers in the event an emergency arises.
HOME: ( ) _____
MOTHER'S WORK ( ) _____
FATHER'S WORK ( ) _____
OTHER Contact ( ) _____

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