

**Father Allouez Catholic School  
Resurrection Campus  
FIELD TRIP PERMISSION FORM**

GRADE/CLASS:  
DATE:  
TIME:  
PLACE:  
EDUCATIONAL PURPOSE OF TRIP:

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PARENT/GUARDIAN PERMISSION

We request that Resurrection Campus allow my child, \_\_\_\_\_

to participate in the field trip to \_\_\_\_\_.

With the understanding that Resurrection Campus will take all reasonable safety precautions, I agree to have our family insurance cover the cost of any injuries that might occur to my son/daughter while on this trip.

In consideration for being able to take part in this trip, I, my heirs, executors, and assigns hereby absolve and hold harmless Resurrection Campus, its officers, directors, representative and agents from any and all liability for personal injury, including death, or property damage which may be incurred by myself or my child(ren) while participating in this trip.

As the situation permits, I understand Resurrection personnel and volunteers will follow my instructions given on the Family Emergency Information sheet. If out of town, I give the school permission to treat and transport my child, if serious injury should occur, to the nearest medical facility.

General Regulations from the Dress Code Policy Must be followed when on field trips.

- Uniform must be worn unless otherwise communicated by Teacher In Charge.
- No hats or hoods worn in buildings.
- Personal electronic devices (with wifi access or data plans) may not be worn or carried with students during the field trip.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

