

PLEASE RETURN THIS FORM BY MAY 25, 2017
STUDENTS WHO DO NOT RETURN THEIR PERMISSION SLIP MAY NOT PARTICIPATE



PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal 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 employees from **ST. ALPHONSUS SCHOOL**.

A brief description of the activity follows:

Name of Event: 6th Annual Guardian Angel Walk

Destination: Neighborhood around St. Alphonsus School

Designated Supervisor of Activity: St. Alphonsus School Staff

Date and Time of Departure: Wednesday, May 31, 2017 2:00 pm

Method of Transportation: Walking

Student Cost: Fund Raiser

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 or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____
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 the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

(Print Parent/Guardian Name) Daytime Phone Number

(Parent/Guardian Signature)

(Date)

Please return this entire form by May 25, 2017
Form 6153a Archdiocese of Milwaukee