

Cardinal Ritter High School

Student Field Trip and Travel Information and Permission Form

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| Educational Purpose of the Trip: Watch play based on story read in class | | Trip Destination/Brief Description of Activities: IRT to see <i>A Christmas Carol</i> | |
| Date of Trip: 12-10-25 | Departure Time: 9:30 AM | Return Time: 1:00 PM | |
| Trip Supervisor(s): Anna Selby | | Contact Phone Number During Trip: 317-730-5859 | |
| Phone Number of Facility: 317-635-5277 | | | |
| Student Attire Expected on Trip: Uniform | | Mode(s) of Transportation for Trip: Bus | |
| Possible Risks on Trip: | | Trip Fees: \$20 (covers ticket, transportation, and lunch) | Payment due by: 11-10-25 |
| Students/Parents (Guardians) ~ Please provide the information requested below. | | | |
| Name of Student (<i>please print</i>): | | Grade/Class: | Permission slip due by: |
| Student Field Trip Conduct Agreement | | | |
| <p><i>I understand that my participation on this school-sponsored trip is a privilege I must earn and not a right. I understand that all school rules apply where applicable, and I agree to well represent the school to the public by my good conduct, appropriate dress and manners, and by following the supervisors' or chaperones' directions at all times. I understand that the school may terminate my privilege to participate in this activity before or during the trip if my conduct is not appropriate and may apply other school discipline as well.</i></p> | | | |
| Student Signature: | | Date: | |
| Indicate any medicines your child will need during this field trip as well as any allergies or health conditions that the supervising teacher need be aware of: | | | |
| Student Field Trip Parent Authorization/Permission Statement: | | | |
| <p><i>I hereby request that my/our child (named above) be allowed to participate in the student trip described above. Although the staff will take all reasonable safety precautions in supervising activities, I/we understand that this activity will take place off school premises and, therefore, in addition to inherent risks of travel, it may involve certain risks beyond those normally encountered in the regular school environment. I/we accept the mode of transportation indicated above. Should a medical emergency arise and I/we cannot be reached immediately, I hereby authorize school staff to exercise discretion in transporting my child to a nearby medical facility and authorizing treatment based on the parental instructions provided previously on the Contact/Emergency Medical Release form. I understand that costs of such treatment will be paid by me/us or my/our insurance carrier. The school maintains an accident insurance policy on all students; however, this is supplemental to parental insurance (if any).</i></p> | | | |
| Parent Signature: | | Parent Contact Number: | Date: |

