



St. Frances Cabrini
CATHOLIC SCHOOL

An Independence Mission School

405 N. 65th Street

Philadelphia, PA 19151

“Where Education of the Mind meets Education of the Heart”

FIELD TRIP PERMISSION FORM

I (we) as parent(s) or legal guardian(s) of _____ give
permission for my (our) child to participate in: *Student's Name*

Trip Location: _____

Date & Time: _____

Address: _____

Cost: _____

This permission includes all related programs or events associated with the field trip. In consideration of my (our) child’s participation, I (we) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless St. Frances Cabrini School, Independence Mission Schools, and their employees and representatives, from claims arising or related to my (our) child’s participation.

My (our) child understands and agrees to abide by all rules and regulations established by the school pertaining to each field trip.

I (we) consent to and give permission for emergency medical care for my (our) child that may be needed as a result of my (our) child’s participation.

Emergency Contact Name: _____

Number: _____

Each student must return the signed permission form before _____ to be permitted to participate in the field trip.

I will pack a lunch

I request a school lunch

Parent(s)/Guardian’s Signature

Date