

FIELD TRIP PERMISSION FORM

Saint Alphonsus Liguori School, 411 N. Wheeling Road, Prospect Heights, IL 60070

Destination: Hot Grounds Gym
Date: **5/21/24 Tuesday** Grade/Class: 1,2,3
Departure Time: 9:15 a.m.
Teacher/Supervisor: Homeroom Teachers

EDUCATIONAL PURPOSE OF THE FIELD TRIP: Activities building strength and character

Please note the following: Transportation: Lunch:
Students will wear gym uniforms Bus – provided by First Student. after returning to school

PLEASE GO TO THE BELOW WEBSITE AND COMPLETE THE ONLINE FORM: <https://app.waiverforever.com/pending/Bb8PGbspud1673392325>
THE ATTACHED FORM MUST ALSO BE SIGNED AND RETURNED FOR EACH STUDENT.

Other: COST OF FIELD TRIP PER PERSON: \$10 per student

COMPLETE THIS SECTION AND SIGN, THEN COMPLETE THE SECTION BELOW

<i>Print first and last name of student on line below</i>	
I/we, the parent(s)/guardian(s) of _____	Grade _____
request that the school permit my/our son/daughter to participate in this field trip as described above. I/We understand that this is an educational trip and a valid extension of the classroom experience. In consideration of the making of arrangements by the school, I/we release and save harmless the school and any and all school personnel from any and all liability for any injuries, loss, or other claims arising or resulting from the trip.	
<i>Print first and last name of Mother/Guardian:</i>	<i>Print first and last name of Father/Guardian:</i>
Mother/Guardian _____	Father/Guardian _____
Mother/Guardian Signature _____	Father/Guardian Signature _____
Date _____	Date _____
Note: Teachers will have each student's Medical and Emergency Notification Authorization for Medical Treatment on the trip.	

THIS FORM MUST BE RETURNED BY : May 10

You may use one form if you have more than one child going on the same field trip.

Child _____ Grade _____ Child _____ Grade _____

Child _____ Grade _____ Child _____ Grade _____

Parent/Guardian Name _____ Phone _____ Email _____

Family Doctor _____ Phone _____

Any Allergies or Medical issues: _____

Chaperones are not needed. All students must return this form by May 10. When sending in payment, please send a check made out to St. Alphonsus or exact cash in an envelope with your child's name and grade. Be sure to complete the waiver above to be able to participate.