

St. Joseph the Provider School

Date:
Field Trip Release
School Activity:

Date of Activity: _____ **Time of Activity:** _____
Time of Departure: _____ **Time of Return:** _____

Group to be supervised by:

Children will be traveling by:

Please detach and return the bottom portion of this form by:

We individually, and the parents, guardians or legal representative of

Student's Name _____ **Grade/Homeroom** _____

have read and fully understand the description of the activity stated above. We are cognizant of any ordinary or extraordinary risk provided in said activity.

We hereby release any or all of the officials, teachers, employees or agents of the Diocese of Youngstown or St. Joseph the Provider School, and their successors, heirs or legal representative, from any and all claims or actions of any kind, arising by reason of any personal injuries or damage to property, and the consequences thereof which may be sustained by students while engaged in any manner whatsoever in a school sponsored activity.

Signature of parent or guardian

Date _____

In Case of Emergency:

Family Doctor _____ **Telephone** _____

Family Dentist _____ **Telephone** _____

Preferred Hospital _____

Phone number where parent/guardian can be reached on this day _____