



## STUDENT ACTIVITY/FIELD TRIP FORM

**No student may attend this class field trip without this signed parent permission form**  
**Permission by parents may not be given over the phone**

The students of **Grade 2** will be conducted on a field trip to the **Knott's Berry Farm Geologist Tour on Wednesday, May 9<sup>th</sup>**  
Transportation from school will be **via Bus.**

Students will **depart school at 8:30 a.m. and return by 1:30 p.m.**

Students **will need a sack lunch and snack** for the trip (no glass/everything disposable).

Students will be wearing their Uniforms

**The EDUCATIONAL OBJECTIVE is to understand earth science in accordance with Science Standards.**

I request that my son/daughter be permitted to participate in the above activity. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form to the school/parish. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Child's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**A Check for \$18.00 payable to St. Bruno School must be returned**  
**With this permission slip no later than May 2<sup>nd</sup>.**

Field trips are a privilege and students may be denied participation in these trips if they fail to meet behavioral or academic requirements. A signed valid permission slip form **must** accompany each child before they are allowed to participate in a field trip. Telephone calls will **not** be accepted in lieu of the proper form.

Parents will be responsible for paying for each field trip prior to the scheduled date.

**\* Sack Snack/Lunch (all disposable)**

**\*TRIP BY BUS**

**\* School Uniforms**