



Roman Catholic Diocese of Albany
40 North Main Avenue, Albany, New York 12203

FIELD TRIP PERMISSION FORM
[CURRICULAR]

I, _____, am the parent or guardian of _____,
(name of parent or guardian) (name of student)

a student at _____ in the _____ grade. I hereby grant permission for the
(name of school/church)

above-named child to attend _____
(type of field trip)

at _____ with the class of _____
(place of trip) (teacher)

on _____ from approximately _____ to _____, and I consent to
(date of trip) (am/pm) (am/pm)

his/her participation in this field trip. I understand that my child will get to the place of the field trip
and return by _____
(means of transportation)

I understand that I will be notified immediately should it become necessary to obtain emergency treatment.
The person(s) who should be notified and the telephone numbers(s) are:

Name _____ Telephone No. _____

Name _____ Telephone No. _____

I fully understand what is involved in the field trip, and I understand that I have the opportunity
to call the teacher and ask him/her about the field trip.

In case of an emergency, I can be reached at _____.

(signature of parent/guardian)

(date)

*We are God's people sharing a responsibility to witness God's unconditional love
and to bring Christ's healing presence to our world.*