

Diocese of San Bernardino/Riverside  
School Activity/Field Trip  
Parent Consent Form

School: \_\_\_\_\_

I/We the Parent(s)/Guardian(s) of \_\_\_\_\_  
request that the school allow my/our son/daughter to participate in the following  
school activity: \_\_\_\_\_

Date of Activity/Field Trip: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher/Coordinator: \_\_\_\_\_

Destination: \_\_\_\_\_

Time Leaving School: \_\_\_\_\_

Estimated Time of Return: \_\_\_\_\_

Reason For Activity/Field Trip: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Cost Per Student: \$ \_\_\_\_\_ Cost To Cover: \_\_\_\_\_

Student Needs To Bring: \_\_\_\_\_

In consideration for making the arrangements for this activity/field trip, we hereby release and save harmless the school, its employees, officers and agents from any and all liability, suits, causes and claims arising to my/our son/daughter as a result of, or in connection with, this activity/field trip.

\*In case of injury or related emergency, I authorize that first aid be administered to my child by a person qualified to render such service, if deemed necessary by school faculty, staff, and/or chaperone. Please note allergies, special conditions: \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*I/We understand that any insurance benefits that are effective have limited application.

Yes, \_\_\_\_\_ has my/our permission to attend the activity/field trip  
On \_\_\_\_\_ (date)

No, \_\_\_\_\_ may not attend activity/field trip  
because \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_