



## Study Trip/Off-Campus Activity Form

By completing this form you are requesting that your student be allowed to attend the study trip/off-campus activity listed below. By signing, you agree to all stipulations regarding this trip/activity. Any additional special information will be provided. Every trip is designed with your student's safety in mind. When activity is over, the students will return directly to Saint Mary School unless otherwise stated. Failure to complete this form in its entirety will necessitate that your student not attend the activity. **No written notes, telephone calls, or faxes granting permission will substitute for this form.**

Study Trip/Off-Campus Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Cost per student: \_\_\_\_\_ Items to bring: \_\_\_\_\_

What to wear: \_\_\_\_\_

Educational Purpose: \_\_\_\_\_

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

**Please note: For safety reasons we ask that no young siblings go on study trips and drivers must refrain from personal cell phone use while driving and supervising students.**

Retain the top portion of this form for your information. Return lower section to the teacher by: \_\_\_\_\_

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Your student will not be allowed to participate in this activity if this permission slip is not returned by the date indicated. As the parent or legal guardian of my Child, I request that \_\_\_\_\_  
Be allowed to attend the activity \_\_\_\_\_  
on \_\_\_\_\_. I understand the cost will be \$\_\_\_\_\_.

I am the parent or legal guardian of \_\_\_\_\_ ("my Child"), who has my consent to attend/participate in the activity or event described above. I understand and accept on behalf of my Child the risks inherent in the activity and event. I have disclosed to the sponsor of the activity or event any special medical or other conditions of my Child that are relevant to this activity or event.

If emergency medical treatment is required for my child during the activity or event, I authorize and request the sponsor representatives to obtain the medical treatment.

During the study trip/off-campus activity, a parent/guardian can be reached at the following number: \_\_\_\_\_.

An alternative number is: \_\_\_\_\_.

Physician's name/number: \_\_\_\_\_.

I further agree to be responsible for any charges incurred in relation to obtaining such medical and/or dental care.

On behalf of my Child and myself, I hereby release the Catholic Diocese of Tulsa, its Parishes and affiliated organizations, and the employees and volunteers thereof, from any claims or causes of action that may arise from, or are connected with, my Child's participation in the activity or event described above.

Print Name (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_