



Field Trip Parent Permission & Student Acknowledgement

Destination Frassati Catholic High School Method of Transportation _____

Day/Date _____ Arrival time _____ Drop-off time _____

Objectives of Field Trip Introduce students to the opportunities available at Frassati Catholic High School

Materials Needed Sack lunch and drink; school uniform

Adult T-shirt Size: S M L XL XXL

I, _____, as a condition of participating in the field trip described above agree to conduct myself in conformity with the policies established by Frassati Catholic High School and the directives and rules of the designated supervisor of the trip.

Student Signature

Date

_____, is now under my control and custody. I hereby allow this student to participate in the trip to Frassati Catholic High School to take place from **8:15 a.m. to 1:00 p.m. on the date listed above.** I also give permission for school employees/sponsors to secure medical services for the student, if necessary, and agree to pay all expenses for such medical care. Attempt will be made to contact me before consenting to medical care unless such attempt jeopardizes the health of the student.

It is understood that neither Frassati Catholic High School nor any of its officers, employees or sponsors are liable for the injuries or damages caused to the student on the trip. I agree to indemnify and hold Frassati Catholic High School harmless from all claims made against Frassati Catholic High School, its officers and employees, and from any and all claims made by third parties which result from the above named student's actions while on the trip. In consideration of the student being permitted to participate in this trip, I expressly waive all claims to which I may be otherwise entitled, including but not limited to, claims for medical expenses and wages.

I understand that Frassati Catholic High School, its, officers, agents and employees are not waiving any immunities or defenses that it has or may have under Texas or other applicable law.

I, the undersigned, have read this permission slip and release, and have executed it voluntarily.

Parent/Guardian Signature

Date

Father's Work Number

Mother's Work Number

Home Phone Number

Family medical coverage

Policy Number