

St. Bonaventure School
EXTENDED DAY
16377 Bradbury Lane
Huntington Beach, CA 92647
714-840-0482

WALKING FIELD TRIP PERMISSION FORM

Field trip to:

Date:

Time leaving: 12:45

Time returning: 2:30

Dress: Uniform

4th - 8th only

Bring own money.

Return bottom of form. Keep top for your information

To the Principal of St. Bonaventure School:

I hereby request that _____ participate in the field trip to

Date:

Time leaving : **12:45 pm**

Time returning: **2:30 pm**

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical or dental treatment while participation in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical or dental service for my child. I give permission to the physician or dentist selected by the school personnel to render medical or dental treatment deemed necessary and appropriate by the physician or dentist. I understand that any insurance benefits that are effective have limited application.

I agree that in the event my child is injured as a result of his or her participation in this filed trip, including transportation to and from such activity, through the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment, or the related costs and expenses, will first be made against any accident, hospital, medical, or dental insurance, or any available benefit plan, of mine and/or my spouse.

Please print the following information and include area codes with phone numbers.

Parent/Guardian Name _____

Address _____

City

Zip

Home Phone _____ Cell Phone _____

Parent/Guardian Signature _____ Date _____