

**SAINT ISIDORE SCHOOL**  
603 W. Broad Street  
Quakertown, PA 18951  
Phone # 215-536-6052 Fax 9 215-536-8647

**FIELD TRIP PERMISSION FORM**

We (I) as parent(s) or legal guardian(s) of \_\_\_\_\_  
Student's name

**give permission for our child to participate in:**

**Field Trip:**

**Date of Trip:**

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participations we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of risks, we agree to release and hold harmless St. Isidore School, St. Isidore Parish, and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We consent to and give permission for emergency medial care for our (my) child that may be needed as a result of my (our) child's participation.

**Insurance:**

**Group #:**

**I.D.#:**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

**PLEASE GIVE A PHONE NUMBER WHERE YOU MAY BE REACHED IF AN EMERGENCY SHOULD OCCUR THE DAY OF THIS FIELD TRIP.**

\_\_\_\_\_  
Print Name Phone# Cell #

**N.B.** Each student **must** return the signed permission form before being permitted to participate on the field trip.