

**DIOCESE OF DAVENPORT  
PARENT/LEGAL GUARDIAN PERMISSION SLIP  
FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter, legal dependant, is eligible to participate in a school-sponsored or Religious Education Program activity at a location away from the school/parish site. This activity will take place under the guidance and supervision of \_\_\_\_\_ School/Religious Education Program.

A brief description of the activity follows:

Activity: \_\_\_\_\_

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

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

Designated Supervisor of Activity: \_\_\_\_\_

Volunteer Chaperone(s): \_\_\_\_\_

Place of Departure: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Place of Return: \_\_\_\_\_

Date and Anticipated Time of Return: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Student Cost: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign and return the following statement of consent. As parent, or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby request and consent to the participation of my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number