## DIOCESE OF SAN BERNARDINO

## SCHOOL ACTIVITY/FIELD TRIP PARENT CONSENT FORM

School:	Sacred Heart Academy, Redlands .
Request that the	guardian(s) of
Teacher: Mrs.	Monday Tuesday Thursday Fridagirade: K-8 Whiting and parent volunteers
	School track
	ol: 7:30 - 7:45 am Estimated time of return:
Reasons for activ	ty/field trip: Promote physical fitness,
Means of transpo	grades and build self-confidence
	Cost to cover:
Student needs to	oring: <u>safe</u> shoes worn to run or walk
school, its employee	aking the arrangements for this activity/field trip, we hereby release and save harmless the officers and agents from any and all liability, suits, causes and claims arising to my/our lt of, or in connection with, this activity/field trip.
ADMINISTERED T DEEMED NECESS	JRY OR RELATED EMERGENCY, I AUTHORIZE THAT FIRST AID BE DIMY CHILD BY A PERSON QUALIFIED TO RENDER SUCH SERVICE, IF RY BY SCHOOL FACULTY, STAFF, AND/OR CHAPERONE.  **special conditions:**
**I/We understand the	at any insurance benefits that are effective have limited application.
Yes, activity/field trip	has my/our permission to attend the on (date).
	may not attend the activity/field trip because
Parent/guardian	ignature: Date:
Home phone:	ignature: Date:
In order for you	r child to participate this entire form must be signed and returned to before first day of participation.
MA Yes, I driver information	can drive. I have seatbelts for children. I have filled out the n form and have the required insurance of \$100,000/\$3000,000.  o directly to and from the destination with NO stops along the way.