ASSUMPTION HIGH SCHOOL
1020 W. CENTRAL PARK AVENUE
DAVENPORT, IA 52804
FIELD TRIP PERMISSION FORM

Date _____

I hereby give permission for: _____
Student Name

to attend: _____
Event

Place: _____

Date of trip: _____

Leaving from: _____

Return: _____ Approximate
Time/Location

I understand that transportation will be by (teacher will indicate one):

School Van _____ School Bus _____ Parent Car _____

I agree to relieve Assumption High School against any claims for damages and/or compensation arising from or out of actions of my son/daughter/ward during the above event and/or activity and travel to and from the above event and/or activity.

I ACKNOWLEDGE THAT ALL SCHOOL RULES RELATIVE TO STUDENT BEHAVIOR ARE IN EFFECT THROUGHOUT THE TRIP.

Student Acknowledgment Signature _____

Parent Acknowledgment Signature _____

NOTE: Students must turn this form into the chaperone or sponsor before leaving on the trip. It must be signed by BOTH student and parent.

Please provide any necessary medical information on reverse side of this form.
(FTPF:1-30-04)