ASSUMPTION HIGH SCHOOL

1020 W. CENTRAL PARK AVENUE

DAVENPORT, IA 52804

FIELD TRIP PERMISSION FORM

Date March 27, 2018

I hereby give permission for: \_ \_\_\_\_\_\_\_ Student Name

to attend: \_\_\_\_**Senior Class Retreat with Pat Millea**

Place: \_\_\_\_\_**St. John Vianney Parish Center in Bettendorf**

Date of trip: \_\_\_**Friday, April 13, 2018**

Leaving from: **Home and arriving at Saint John Vianney Parish Center by** 8:30 AM

Dismissal : **2:45 PM from SJV**\_ Approximate Time/Location

I understand that transportation will be by Student/Family Car \_\_\_X\_\_\_\_\*

\*Each student/family will be responsible for transporting their student to and from St. John Vianney at the beginning and end of the day. Parking is available for the duration of the day at St. John Vianney if guardians choose that a student drive himself/herself.

I agree to relieve Assumption High School, St. John Vianney, and the Diocese of Davenport 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Acknowledgment Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Students must turn this form into Mrs. Imborek before the date of the retreat. It must be signed by BOTH student and guardian.

**Please provide any necessary medical information on reverse side of this form (including food allergies.)**

**If you have any questions or concerns, please contact the campus minister at natalie.imborek@assumptionhigh.org**