



**All Saints School**  
**Field Trip Permission Form**

<b>Student Name:</b> _____	<b>Class:</b> _____
<b>Event:</b> _____	
<b>Location:</b> _____	
<b>Departure Date:</b> _____	<b>Return Date:</b> _____
<b>Departure Time:</b> _____	<b>Estimated Return Time:</b> _____
<b>Educational Objective:</b> _____	
_____	
<b>Cost: \$</b> _____	

I, \_\_\_\_\_ (printed parent/guardian name), the undersigned, give my permission for the student named above to take part in an off-premise event which will require transportation and supervision by All Saints School faculty and staff of the Archdiocese and Archdiocesan employees and volunteers.

I agree to allow my child to participate in this event and understand that transportation may be provided in such form and at the discretion of the school.

I also authorize the All Saints faculty and staff of the Archdiocese of Portland and its employees and chaperones to secure all necessary medical services for my child in the event of an accident or illness. (Medical information is available on Medical Form, which is on file with your child's teacher).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian phone #