

SAINT PETER'S CATHOLIC SCHOOL  
FIELD TRIP APPROVAL REQUEST AND PLANNING SHEET

Class/Group: \_\_\_\_\_

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

Dates of proposed trip: \_\_\_\_\_ Number of students: \_\_\_\_\_

Total days of trip: \_\_\_\_\_ Instructional days away from school: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Purpose of trip: List instructional objectives related to the North Carolina Standard Course of Study and/or teaching of the Catholic faith and planned follow-up activities. Attach additional sheets if necessary.

---

---

---

---

---

---

---

---

---

---

Chaperones: school personnel:

\*Chaperones: parents (anticipated number)

---

---

---

---

---

\*Must have current Safe Child Environment Certificate \_\_\_\_\_

Transportation method: \_\_\_\_\_ Trip cost: \_\_\_\_\_ Cost to student: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Principal: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Overnight, out-of-state or out of country trips require

Principal and/or Pastor (or designee) signature: \_\_\_\_\_ / \_\_\_\_\_

YES: \_\_\_\_\_ NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*The teacher/supervisor must secure approval from the principal/designee and/or the Pastor for overnight and out-of-state trips, at least one month in advance of the trip.**

SAINT PETER'S CATHOLIC SCHOOL  
PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIP

As parent/guardian of \_\_\_\_\_, I give permission for  
(name of student)

his/her participation in the \_\_\_\_\_ sponsored field trip on  
(school)

\_\_\_\_\_ . The itinerary includes the following:  
(date)

Departure \_\_\_\_\_ a.m./p.m.                      Return \_\_\_\_\_ a.m./p.m.

Destination \_\_\_\_\_

Total cost to student \_\_\_\_\_

Place of lodging (if overnight) \_\_\_\_\_

**Rules and regulations governing the trip are attached.**

In case of emergency please contact:

Parent/guardian: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Address: \_\_\_\_\_  
Work phone: \_\_\_\_\_

If parents cannot be reached please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Work phone: \_\_\_\_\_

Teacher(s)/chaperones(s) involved:

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(parent/guardian)

Date: \_\_\_\_\_

SAINT PETER'S CATHOLIC SCHOOL  
MEDICAL AUTHORIZATION FOR FIELD TRIPS

I understand that the school will provide adult supervision and take reasonable precautions to provide a safe environment for students on field trips. I also recognize that there are risks to travel and Saint Peter's Catholic School cannot guarantee my child's safety.

If there is an accident or injury that results in a medical emergency affecting my child while on a field trip, and school personnel are unable to reach me to give permission for treatment, I, the parent/guardian of \_\_\_\_\_, a student at Saint Peter's Catholic School, do hereby grant permission to the adults supervising the school field trip, or to any licensed hospital or physician, to authorize emergency medical treatment for my child during said field trip. I agree to hold the responsible party who grants such permission harmless for that act and hereby release that individual from any liability in connection with granting permission for treatment.

I also specifically inform Saint Peter's Catholic School and the responsible adults participating in the field trip that my/our child, \_\_\_\_\_, has the following special medical needs (list medical problems or conditions, allergies, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My child needs the following medications, prescriptions, or special diet:

\_\_\_\_\_  
\_\_\_\_\_

In connection with the above specific needs, we will furnish in writing from our child's personal physician all necessary information regarding any special medical needs or conditions that our child may have, together with instruction for appropriately dealing with such needs or conditions, to the adults supervising the field trip.

I acknowledge that I have carefully read the foregoing medical authorization and know that it applies to all field trips taken during the \_\_\_\_\_ - \_\_\_\_\_ school year, and I sign this as my own free act.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

Name and telephone number of health insurance company, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_