



Roman Catholic Diocese of Albany
40 North Main Avenue, Albany, New York 12203

FIELD TRIP PERMISSION FORM (CURRICULAR)

I, _____, am the parent/guardian of _____
(name of parent/guardian) (name of student)

at student at _____ in the _____ grade. I hereby grant
(name of school/church)

permission for the above named child to attend _____
(type of field trip)

at _____ with the class of _____
(place of trip) (teacher)

on _____ from approximately _____ to _____, and I
(date of trip) (am/pm) (am/pm)

consent to his/her participation in this field trip. I understand that my child will get to the
place of the field trip and return by _____
(means of transportation)

I understand that I will be notified immediately should it become necessary to obtain
emergency treatment. The person(s) who should be notified and the telephone
number(s) are:

Name _____ Telephone No. _____

Name _____ Telephone No. _____

I fully understand what is involved in the field trip and I understand that I have the
opportunity to call the teacher and ask him/her about the field trip.

In case of an emergency, I can be reached at _____.

(signature of parent/guardian)

(date)

*We are God's people sharing a responsibility to witness God's unconditional love and to
bring Christ's healing presence to our world.*