

*St. John Chrysostom School*

607 South Providence Road  
Wallingford, PA 19086  
610-876-7110

tel: 610-876-5923 (fax)

stjohnssecretary@comcast.net

**Field Trip Permission Form**

I give permission for my child \_\_\_\_\_, grade \_\_\_\_\_  
to participate in a class trip to \_\_\_\_\_  
on \_\_\_\_\_.

\_\_\_\_\_ I am able to drive to \_\_\_\_\_.

I have \_\_\_\_\_ seat belts in my car in addition to the driver.

**Car Insurance Information: (driver's only)**

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

Policy Number: \_\_\_\_\_

**Health Insurance Information:**

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

Group # \_\_\_\_\_

I.D. # \_\_\_\_\_

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and my (our) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we agree to release and hold harmless St. John Chrysostom School, St. John Chrysostom Parish, and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation. Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip. We consent to and give permission for emergency medical care for our (my) child that may be needed as a result of my (our) child's participation.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Student Signature)