

Dear Parents/Guardian:

Your son/daughter is eligible to participate in a school sponsored activity requiring transportation away from the school building.

**EVENT:**

**DESTINATION:**

**DESIGNATED SUPERVISOR OF ACTIVITY:**

**DATE OF DEPARTURE:**

**TIME OF DEPARTURE:**

**TIME OF RETURN:**

**METHOD OF TRANSPORTATION:**

**COST:**

**LUNCH:**

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Please return this portion to school

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Telephone Number where  
you can be reached during event.

\_\_\_\_\_  
Date

Please return form with money to school.

Cash or Checks made payable to Holy Child School