



Academy of Saint Elizabeth
2 Convent Rd., Convent Station, NJ 07960

PERMISSION SLIP FOR FIELD TRIP

Date of trip ___ May 21, 2018

Departure from School (Time) _8:00am Return to School (Time) __ approx. 6pm

Location of Trip ___ Woodloch Resort

Method of Travel ___ Bus

To give permission, please sign the lower half of the permission slip and return it to the homeroom moderator by ___ Fri 5/4 _____.

(Date)

(Keep the top half for your information)

1. I have been informed of the details of this educational field trip.
2. I understand that personal injury can and may occur to my child, and I hereby authorize AOSE designated staff to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.
3. I hereby release AOSE, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by my child while participating in or traveling to and from this event.

Permission Form (to be returned to AOSE)

I give permission for _____ to take the field trip to:
(Student's Name)

I agree and consent to all of the above stated.

(Parent or Guardian Signature)

(Date)

Person to contact in an Emergency: _____

Emergency Phone # _____