

Field Trip Permission Form

Dear Parent/Guardian:

Your son/daughter is eligible to participate in a school sponsored activity. This activity will take place under guidance and supervision of employees from St. John the Baptist Catholic School and the REAP Team. A brief description of the activity follows:

Name of event: REAP Team Sponsor/Candidate Confirmation Retreat
Destination: St. John's Church/Parish Center
Designated Supervisor of Activity: Mrs. Brueggemann & Mr. Weber & REAP
Date and Time of Arrival: **Sunday, October 6th at 10:30 a.m.** at Mass in church
Date and Time of Departure: **Sunday, October 6th at 3:30 p.m.** from the Parish Center
Method of Transportation: Parent/Sponsor Responsibility
Student Cost: None. Pizza lunch will be provided.
Dress Attire: Mass appropriate attire.

As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

(Keep this section)

(Please return section below)

I hereby consent to the participation by my child, _____, in the event described above. I understand that this event will take place on school grounds and that my child will be under the supervision of St. John the Baptist Catholic School and REAP Team members on the stated date. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Print parent/guardian name

Parent/guardian signature

Date

Emergency Contact Name: _____

Emergency Contact Number: _____

Please return this form by Wednesday, October 2nd, 2019.

(E-mail signed copy will carry all the same responsibilities as an original)