



SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

www.stcolumbkilleschool.org

Field Trip Permission Form

Dear _____,
(Teacher Name)

I, _____, am the _____
(Name of Parent/Guardian, Please Print) (Father, Mother, Custodial Parent, Legal Guardian)
of _____, a student at St. Columbkille School,
(Child's Name, Please Print)
in the _____ grade.

I hereby request permission for the above-named child to attend

_____ (type of field trip) _____ (place of field trip)
on _____ from _____ to _____ and I consent to
(date) (departure time) (return time)
the child's participation in such a field trip.

I understand that the children when get to the place of the field trip by _____.
(means of transportation)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse and myself, I hereby assume all risks in connection with the field trip and I further release the Diocese of Cleveland, St. Columbkille School and Parish employees and volunteers from all claims, judgments, liability for any injury or damage due to the child's participation in the field trip, including all risks connected therewith, whether seen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. 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.

(Parent/Guardian Signature)

Total Cost = \$ _____ (Make checks payable to St. Columbkille School)

Permission Form and fee due by: _____