Christ the King Catholic School
1905 Elmhurst Ave.
Oklahoma City, OK 73120   843-3909 Fax: 843-6519

LOCAL FIELD TRIP INFORMATION

Name of place to be visited: _____

Address or Location: _____

Educational Purpose of the Field Trip:

_____

Date of Trip: **Time leaving:**   **Returning:**

 Additional Stops: No ____ Yes ____ Reason:
_____

Cost: _____**Pack a Meal:** _____**Yes** _____**No** (Included in price or not part of the trip)

Transportation provided by: _____

Field Trip Coordinator(s): _____

Dress for the field trip is: _____

Behavior expectations: All participants will follow the directions of the person in charge; catechist, youth minister, chaperone, driver, etc., using seatbelts and any other directives given.

Other: Drivers must follow the Coordinator's instructions. Unauthorized stops are not permitted.

Special Instructions: _____

Faculty Trip Coordinator Signature: _____Date:_____

Principal Signature: _____Date:_____

(SEE PAGE TWO)

FIELD TRIP PERMISSION RETURN

Being informed of these facts and recognizing the risks that may be involved, I request

and consent to the participation of my child: _____

in the field trip to: _____

on: _____ as arranged by:_____

Liability Waiver: In consideration of the arrangement set forth herein, I do on behalf of myself, participant, and our respective heirs, successors, assigns, next of kin, release waive, hold harmless, defend and covenant NOT TO SUE, Christ the King Catholic School, the Archbishop of the Archdiocese of Oklahoma City, teachers, officers, agents, representatives, volunteers, and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or my child may suffer due to illness or injury suffered by my child in connection with the Event and any and all activities related to or associated with the Event, including without limitation, travel to and from the Event, meals, collateral, entertainment, to the fullest extent permitted by law.

I have read and understand this permission form and sign it voluntarily and entirely of my own free will.

PRINTED NAME OF PARENT: _____

Signature of Parent/Guardian_____ Date _____

Daytime phone number _____

Yes, I am willing to be a driver: _____ My car has enough seat belts for _____ passengers.

I am presently a licensed driver and have current, adequate automobile insurance, proof which I understand I must supply to the school office. I have completed Safe Environment training.

Insured Driver's signature _____ Date_____