



**St. Dominic Savio Catholic High School
Field Trip Information and Permission Form**

TO: PARENT/GUARDIAN

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of faculty and staff at St. Dominic Savio Catholic High School. A brief description of the activity follows:

Name of Event: Christmas Caroling
Destination: Wesleyan Nursing Home: 2001 Scenic Drive, Georgetown, Texas
Designated Supervisor of Activity: Margarita Flores-Sicich (NHS Adviser)
Date and time of Departure: Friday, December 9, 2011 at 4:30 PM
Date and Anticipated Time of Return: Friday, December 9, 2011 at 8:00 PM
Method of Transportation: SDSCHS Bus/Vans*
Attire: Christmas
Student Cost: None

*** Transportation is available on the Savio vans/bus ONLY to the FIRST 44 students that sign up for transportation with Ms. Flores-Sicich, on a first-come first-serve basis. Student MUST also turn in permission form at the same time to Ms. Flores-Sicich to qualify for a van/bus seat.**

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/Guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

FIELD TRIP PERMISSION

I/We, the Parent(s)/Guardian(s) of _____
Student's Name

request that St. Dominic Savio Catholic High School allow my child to participate in **Christmas Caroling at Wesleyan Nursing Home, 2001 Scenic Drive, Georgetown on Friday, December 9, 2011 from 4:30 to 8:00 PM.** I/We hereby release and save harmless St. Dominic Catholic High School, all its employees and the Diocese of Austin and any supervising faculty, staff, and volunteers from any and all liability arising to my child as a result of this trip.

If emergency treatment is required for my child, I/We authorize supervising personnel to follow area EMS regulations in caring for my child. **EMERGENCY CONTACTS:**

Name _____ Home # () Cell () Work/Other ()
 Name _____ Home # () Cell () Work/Other ()
 Name/Phone of Physician _____ My Health Insurance Carrier & Policy # _____

ADDITIONAL HEALTH INFORMATION (Please list special needs, medications, food or drug allergies and comments) _____

I/We agree that it is my/our responsibility to arrange for my/our child to be transported home at my/our expense in the event my/our child breaks St. Dominic Savio Catholic High School trip rules.

When possible, both parents/guardians should sign this form.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____