

**FIELD TRIP AUTHORIZATION
JOLIET DIOCESAN SCHOOL SYSTEM**

On October 22-26, 2007, 5th – 8th grades will be taking
(DAY, DATE) (CLASS)

A field trip to Nature's Classroom Institute. The educational benefit of this trip will be cross-curricular.

We will leave school at 8:15 A.M. on 10/22 and arrive back to school by
(TIME)

3:30 P.M. on 10/26. There will be 6 chaperons per 60 children.
(TIME)

Transportation will be by motor coach bus.
(BUS, FOOT, ETC)

The cost of the trip will be \$286.50.
(AMOUNT)

Lunch needed? no Clothing: see equipment list

Please return the signed permission slip by Friday, October 5th.
(DATE)

Thank you.

I request that St. Irene School take my child, _____
(STUDENT'S NAME)

on a field trip to: to Nature's Classroom Institute.
(PLACE)

I hereby release and indemnify St. Irene Parish, Warrenville Illinois, its staff, volunteers, and the Joliet Diocese from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

RELEASE:

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their judgement to transport the child to a hospital emergency room.

Signature of parent or guardian: _____ Date: _____

Address: _____
(STREET ADDRESS) (CITY) (STATE)

Phone number where I can be reached during the event: (____) _____

I have completed the "Protecting God's Children" workshop and am available to chaperone. I would like to be considered.