

Date of Field Trip Return by
Please return permission slip and for student insurance
by return date

HOLY SPIRIT SCHOOL
322 CANNONS LANE
LOUISVILLE, KY 40206

I/We request that Holy Spirit School allow my (son, daughter) to participate in the trip to
by bus with grade on. I give permission for my (son, daughter),

Name(s)

(telephone # where you can be reached on this day _____

to attend . I understand that this is an educational trip and a valid extension of the
classroom experience. In consideration of the making of arrangements for the trip by the
school, I hereby release and save harmless the school and any and all school personnel
from any and all liability for any injuries, loss, or other claims arising or arising from this
trip. In the event of illness or injury, I hereby authorize and consent to the provision of
medical treatment or services as deemed necessary and guarantee the payment therefore.

PLEASE NOTE ANY SPECIAL LIMITATIONS OR CONDITIONS:

DATE

PARENT OR GUARDIAN

*FIELD TRIPS ARE BASED ON THE TOTAL NUMBER OF STUDENTS IN THE
CLASSROOM AND ARE PLANNED WELL IN ADVANCE. DUE TO THE FACT
PROGRAM RESERVATIONS, BUS AND INSURANCE ARE BASED ON THAT
NUMBER, ALL STUDENTS WHETHER THEY **CAN OR CANNOT** ATTEND THE
FIELD TRIP ARE EXPECTED TO PAY THE FEE.

