

**ST. MARTIN-IN-THE-FIELDS EPISCOPAL SCHOOL
FIELD TRIP PERMIT**

I give permission for my child _____ to participate in a
field trip to _____

Date: _____ Time: _____

Place: _____

Transportation provided by: _____

Special instructions: _____

I understand that, in the event of an emergency, St. Martin's employees, or designated supervisors, will:

- 1: Attempt to reach me by telephone, or
- 2: Attempt to reach my child's doctor by telephone.

In the event that neither I nor my child's doctor can be reached by telephone, St. Martin's employees or designated supervisors:

1. Call another doctor or the paramedics; or
2. Call an ambulance; or
3. Take my child to an emergency hospital.

I will be responsible for any expenses arising from such action.

I also hereby release St. Martin's, its employees, and its designated supervisors from any liability which may result from the above field trip.

Parent's signature _____ Date _____

Home phone _____

Mother's work phone _____ Father's work phone _____

Mother's cell phone _____ Father's cell phone _____

Doctor's name _____ Doctor's phone _____

Is there any physical condition a doctor would need to know of in treating your child
i.e. diabetes, allergies, etc.?

**ALL FIELD TRIP PERMITS MUST BE TURNED IN TO THE CLASSROOM
TEACHER PRIOR TO THE TRIP DATE. NO PERMIT, NO TRIP!**