

**ST. PIUS X SCHOOL
FIELD TRIP/OFF-CAMPUS ACTIVITY FORM**

By completing this form you are requesting that your student be allowed to attend the field trip/off campus activity listed below. By signing you agree to all stipulations regarding this field trip/off campus activity. Any additional special information will be provided. Every trip is designed with your student's safety in mind. When the activity is over, the students will return directly to St. Pius X School unless otherwise stated. Failure to complete this form in its entirety will necessitate that your student not attend the activity. No written notes or phone calls granting permission will substitute for this form. As a reminder, siblings are not permitted to attend field trips.

Class (es) attending Field Trip _____ Date of Field Trip _____

Field Trip/Off-Campus Activity _____

Location of Field Trip (Address) _____

Educational Purpose _____

Depart Time _____ Return Time _____ Cost _____

What to Bring _____

What to Wear _____

Means of Transportation **CARS—WE NEED DRIVERS, PLEASE!**

Retain the top portion of this form for your information. This lower section of the form must be returned to St. Pius X School by _____. Your student will not be allowed to participate in this activity if this permission slip is not returned.

The undersigned parent/guardian requests that (student's name) _____ be Allowed to attend the activity _____ on _____. I understand the cost will be _____.

During the field trip/off campus activity, the following phone numbers should be used if the parent/guardian needs to be contacted:

#1 _____
(name) (phone number)

#2 _____
(name) (phone number)

For medical reasons, my child will be carrying (please circle) an inhaler a glucose meter an epipen
Other (please specify) _____.

If a medical emergency occurs and I cannot be reached, and/or my student needs immediate care, I hereby authorize the staff of St. Pius X School to use their best judgment in taking my student to a hospital and/or contacting a physician or dentist. Physicians name & number _____. I further agree to be responsible for any charges incurred in relation to obtaining such medical and/or dental care.

Neither St. Pius X school nor the Diocese of Tulsa is responsible for any accidents incurred going to, on the field trip/off campus activity, or returning from said activity.

Signature of Parent or Guardian

Date

(If you volunteer to drive, you will be notified to confirm that you are driving. Volunteers must have all necessary background paperwork and Virtus Certification on file in the school office)

I CAN DRIVE _____ NUMBER OF STUDENT SEATBELTS _____

NAME _____ CELL NUMBER _____

EMAIL ADDRESS _____