



Archdiocese of San Antonio

Department of Catholic Schools  
Archdiocese of San Antonio  
2718 W. Woodlawn  
San Antonio, Texas 78228  
[www.sacatholicschools.org](http://www.sacatholicschools.org)

# Archdiocese of San Antonio Field Trip Form

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Purpose of field trip: \_\_\_\_\_

Student will need: \_\_\_\_\_

Date: \_\_\_\_\_ Time leaving: \_\_\_\_\_ Time returning: \_\_\_\_\_

Mode(s) of transportation: \_\_\_\_\_

COST(if applicable): \_\_\_\_\_

I/we, the parent(s)/guardian(s) of \_\_\_\_\_, request that the  
(Name of Student)

School, ST. MATTHEW CATHOLIC SCHOOL allow my/our son/daughter to participate in

\_\_\_\_\_  
(Description of Place/Activity)

In consideration for my child's participation in this trip, I/we hereby release, save harmless and indemnify the school, its agents, employees and volunteers from any and all liability for ordinary negligence causing any and all injury that my child may sustain during participation in, or as a result of, this trip.

I give permission for my child to receive emergency medical treatment. (Use the back side of this form for special medical instructions which may be pertinent to your child's participation in the above-identified activity).

Furthermore, I understand and support the fact that my child must comply with the directions given by the school to the group involved in this activity.

In order for my child to go on the field trip, he/she must have all assignments up to date and have acceptable behavior prior to the field trip.

Teacher \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Guardian)

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Principal \_\_\_\_\_

Date \_\_\_\_\_

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name of emergency contact

\_\_\_\_\_  
Phone number

Adopted from Archdiocesan form 7107A: Field Trip form

Revised 2/2015

Form 7107A: Field Trip Form

Revised 5/2015

