OUR LA	DY OF PERPETUAL HELP CATHOLIC ACADEMY FIELD TRIP OUTING PERMISSION FORM
Date of Trip	
	ation of Trip:
Departure Time:	
Return Time:	
Transportation:	
MATERIALS:	
Lunch:	
Dress:	
	loney:
	(Specify safety and specific concerns.)
	below is to be filled in, signed by parent and returned to school
by	
The child <u>will not</u> b	be allowed to attend the trip without a signed consent. Verbal he day of the trip will not be accepted.
phone number whe	nim/her the required instructions. I am listing an emergency ere I can be reached in case of accident. I release the Teacher, Lady of Perpetual Help Catholic Academy from all liability
	Parent's Signature
Date:	Emergency Phone: