Saint Clement School St. Bernard, Ohio

Dear Parent or Guardian:	Today's Date
site has been planned for your child's class. employees of St. Clement School. Field trips	uires transportation to a location away from the school This activity will take place under the supervision of are privileges afforded to students. No student has an e denied participation if they fail to meet academic or
The following is a brief description of the ac	tivity:
Curriculum Goal:	
Destination:	
Designated Supervisor(s):	
Date and Time of Departure:	
Date and Anticipated Time of Return:	
Method of Transportation:	
	this activity, please complete and sign the following and return to school by
PARENT'S PERMISSION AND INDEMIT	Y
described above. I understand that this active school will arrange transportation, and that my on the date specified. I release and agree to liability for any accident in which my child materials.	, be permitted to participate in the activity will take place away from the school grounds, that the child will be under the supervision of the designated person indemnify St. Clement School and its representatives from the beinvolved or any injury to my child which may occur in the conditions for participation in this activity, including the
I recognize that I remain fully responsible for child.	or any legal liability resulting from personal action by my
Witness my signature this day	of,
Parent/Guardian	