

**Bishop T.K. Gorman Catholic School
Field Trip Permission Form**

Name of Field Trip: _____

Destination(s): _____

Educational Purpose of the Field Trip: _____

Trip Attire: _____

Students Who Will Participate: _____

Method of Transportation: _____

Date of Trip: _____

Time of Departure: _____

Time of Expected Arrival at Destination: _____

Emergency Phone Number of Field Trip Moderator: _____

Time of Expected Return to Gorman: _____

Chaperones: _____

-----**Detach here and return bottom portion**-----

Name & Date of Field Trip: _____

I, _____ request that Bishop T. K. Gorman Catholic School allow my
(Printed Name of Parent)
child _____ to participate in the Field Trip explained above. As the parent and/or
(Printed Name of Student)

legal guardian, I remain legally responsible for any personal actions taken by the above named student. I agree on behalf of myself, my child named above, or our heirs, successors, and assigns, to hold harmless Bishop T. K. Gorman Catholic School, its officers, directors, agents and the Diocese of Tyler, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in direct connection for the actions of my child on this field trip. *(Please explain on the back of this form pertinent medical or health information the moderators of this trip need to understand.)*

Signature*: _____

Date: _____

*THIS FIELD TRIP PERMISSION FORM MUST BE NOTARIZED ***IF*** STUDENTS WILL BE TAKEN OVERNIGHT.