



KENNEDY CATHOLIC PREPARATORY SCHOOL

Parental Permission for Child's Participation in a School Sponsored Field Trip

Name of Student: _____ Date: _____

Address: _____

Home Phone: _____ Parent Cell: _____

We (I) the undersigned hereby grant permission for our (my) daughter/son named above (herein after referred to as "said student") to participate in the following student travel activity:

Destination: _____ Trip Date: _____

Departure time: _____ Approximate Return Time: _____

Means of Transportation: _____

We (I) grant permission for said student to participate in the planned activities of the travel, and to travel by car, bus, train, airplane and other means of transportation as required.

We (I) release John F. Kennedy Catholic Preparatory School, and the Office of the Superintendent of Schools of the Archdiocese of New York, and all their official representatives, from any and all liability in case of accident or injury incurred during the school trip.

In case of illness or injury to said student we (I) hereby consent to and authorize such medical and dental costs if incurred.

My child has medical coverage: _____ Yes _____ No

Health Insurance Company: _____

Policy No: _____

Authorization: _____
(Signature of parent/guardian)

Specify any medical or other such instructions you would like considered: