



MIDDLE SCHOOL FIELD TRIP PERMISSION SLIP

This form is to be returned to your child’s teacher before he or she will be allowed to go on this field trip.

Student’s Name: _____ Grade Level: ___7th _or_ 8th _____

Date of Trip: ___April 17th, 2009_____ Time of Trip: _8:30am – 12:30pm_

Destination: _____Hickory Place Apts, Howell Center, or Holy Angels (7th) Jackson Park (8th)_

Address: _____ Telephone Number: _____

Purpose of Trip: _____Doulos Day_____

Additional Comments: _____** Dress Code (as described in letter sent home)_____

I do hereby give consent for my child _____ a minor and a student at Covenant Day School, to participate in this trip to _____ on _____. In consideration of my child being permitted to participate in such trips, I do hereby remise, release, and forever discharge, and further do agree to indemnify and forever hold harmless except to the extent of available insurance coverage, Covenant Day School, including the teachers and parents transporting my child on such trips, from any and all claims, demands, liability, or action arising from or to any injury or damage which may be sustained by my child while participating in such trips.

Parent’s Signature _____ Date _____

If you have any questions regarding this field trip, please contact the teacher sponsoring the Field-Trip or Mr. Klohr at school at 704-847-2385.