

ST. JOHN THE BAPTIST SCHOOL
PARENT PERMISSION SLIP
FIELD TRIP

I, as parent or guardian, give permission for _____
Student name

to attend St. John's School Walk-a-thon
name of event

Emerson Park, Peabody
location of event

Date: Monday, September 26 (rain date: 9/27)

Cost: _____

Grade(s): PreKindergarten - Grade 8

Mode of Transportation: walk

Time/Place of Departure: 9:30 Grades 1,5,6
10:30 Grades 7,8
1:15 Grades 2,3,4

Time/Place of Return: 10:30 Grades 1,5,6
11:30 Grades 7,8
2:15 Grades 2,3,4

Faculty in charge: Classroom teachers

Students will be accompanied by an appropriate number of adults: Teachers, aides, parents or school volunteers.

It is agreed that no liability is assumed by the school or school employees for injuries to persons or damage to property while on the above trip.

In case of injury, I give permission for my child to be treated by a physician.

parent/guardian signature

Address: _____

Telephone: home: _____ work: _____

Revised 8/03 * Note: 9:35 am (Mrs. Isles) Main parking lot
10:15 am (Miss Jenkins) Mother Mary Park (front of rectory)
10:45 am (PreKindergarten) Main parking lot