

Archdiocese of Omaha
Parent Permission Form for Field Trip Participation

Date: **April 27th, 2017**

Parish/School name/address: St. Columbkille School
224 E. 5th Street
Papillion, NE 68046

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish sponsored activity requiring transportation to a location away from the school/parish grounds. This activity will take place under the guidance and supervision of employees from St. Columbkille School/Parish. A brief description of the activity follows:

Destination: **Rose Theater and Halleck Park**

Designated supervisor/s of activity: **Mrs. English, Mrs. Loeffler, and Mrs. Higginbotham**

Date and time of departure **May 3, 2017 9:00 AM**

Date and anticipated time of return **May 3, 2017 2:45**

Method of transportation: **Bus and walking**

Student cost: Bus: Activity: ⇨ **Total Cost: Paid with student activity fee**

We will be eating lunch at the park. Please send a lunch and drink in a disposable bag.

Educational purpose:

The children will attend a live musical performance of a classic children's book. They will make connections between characters or events to their own life or other cultures. They will take note of how people's actions affect others. They will get exercise by playing , running, climbing and cooperating with others.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from personal actions taken by your child.

We hereby consent to participation by our child, _____, in the event described above. We understand that this event will take place away from school/parish grounds and that our child will be under the supervision of the designated diocesan/parish/school employee on the stated dates. We further consent to the conditions stated above on participation in this event, including the method of transportation.

Signature of Parent/Legal Guardian

Date

Address

Emergency phone number