

GRADE _____

Our Lady of Perpetual Help Catholic School Field Trip Permission Slip

I/We, the parent(s)/guardians(s) of _____
Name of child

request that the school allow my/our son/daughter to participate in _____
Activity/Trip/Destination/ Date/Times

We hereby release and save harmless **Our Lady of Perpetual Help Catholic School -
Glendale**, of any and all of its employees from any and all liability for any and all harm
arising to my/our son/daughter as a result of the trip.

(ADD DETAILS OF TRIP INCLUDING MODE OF TRANSPORTATION, WHO
WILL ACCOMPANY THE CHILDREN AND THE EDUCATIONAL OBJECTIVES)

Parent/Guardian

Home/Cell Phone Number

Parent/Guardian

Home/Cell Phone Number

Date: _____