Ss. Constantine & Helen School
2747 Riva Road
Annapolis, MD 21401
410-573-2078

Field Trip Consent Form

Name of Event: ____

Date of Event: _______________________________

Location of Event: ___________________________

Be There: Time: _______________ Return Time: _______________

Name of Director: _____________________________________

Cost of Event: __________________________________

Method of Travel for Event: __________________________________

Emergency Contact: (other than parent going):_______________________________

Phone Number of Emergency Contact: _____________________________

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Return this half of form to Ss. Constantine & Helen School by: _____/____/_____

My child _____________________, has my permission to participate in the field trip to
____

I agree that my child is in good health and may participate in this activity. I give my permission for medical treatment if necessary. I agree that my child will not attend this event if she/he should become ill or exposed to a contagious disease. I also give my permission for my child to be photographed for publicity purposes.

During the event I can be reached at: (cell phone #): _________________________

If I cannot be reached in an emergency please contact (print information):
Name: ____________________________/ Phone number: ______________________

Relationship to child: ________________________ Phone number: ________________

Parent: (Print Name) _______________ Signature: ________________ Date: ________