

# St. Vincent Pallotti High School

St. Vincent Pallotti HS  
113 St. Mary's Place  
Laurel, MD 20707

Phone 301.725.3228  
Fax 301.776.4343  
www.pallottihs.org

## Student Waiver Field Trip Permission Form

The undersigned is the parent or guardian of

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

and grants permission for the student to visit

\_\_\_\_\_

on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Date Time Time

Students will travel by \_\_\_\_\_

This trip is being sponsored by

\_\_\_\_\_

Teacher(s)

I authorize any medical treatment in case of emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify St. Vincent Pallotti High School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the School or its agents, representatives, or employees.

Please complete the following:

Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_