

**FIELD TRIP DAY PERMISSION**  
**Catholic Schools Office**  
**2025-2026 School Year**  
Archdiocese of Galveston-Houston

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DESCRIPTION OF FIELD TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ AM / PM RETURN TIME: \_\_\_\_\_ AM / PM

NUMBER OF SUPERVISOR #: \_\_\_\_\_ NUMBER OF STUDENTS: \_\_\_\_\_

MODE OF TRANSPORTATION: ☐ Bus service ☐ Rental vehicle ☐ Parent vehicle ☐ Other: \_\_\_\_\_

FIELD TRIP OBJECTIVE: \_\_\_\_\_

SPECIFIC MATERIALS TO BE BROUGHT: \_\_\_\_\_

**INSTRUCTIONS FOR STUDENTS:**

1. Follow the teacher's directions. 2. Always stay with the group. 3. Follow the school code of conduct.

**EMERGENCY INFORMATION**

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

☐ I do not carry medical insurance currently.

PREFERRED HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ MOTHER/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PERMISSION**

By signing this form, I \_\_\_\_\_ certify that I request and give permission for my  
(Parent or Guardian)  
child to attend this field trip. I have been given the details above, and I release and hold harmless the school and all of its employees from any and all liability for any and all harm arising to my/our child as a result of this trip and waive any claims against them.

I, \_\_\_\_\_, do hereby authorize the school administration to render first aid for illness or injury to  
(Parent or Guardian)  
my child named above. In the event of a medical emergency, I authorize the school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and any of the emergency contacts listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency. I do hereby release, hold harmless and indemnify the Most Reverend Joe S. Vasquez, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, \_\_\_\_\_ School, and any other of their officers, agents, employees, or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_