

LaSalle Catholic Middle School Permission Form

Xavier Catholic School System Parent/Legal Guardian Field Trip Permission Slip

Dear Parent/Legal Guardian: Your 6th, 7th, or 8th grade son/daughter/guardianship is invited to participate in the following school-sponsored activities that require transportation to a location away from the school site. These activities will take place under the guidance and supervision of employees from the Xavier Catholic School System.

Designated Supervisors of the Activities: Mrs. Sterling, Ms. Ruff, Regis/LaSalle Staff

Method of Transportation: School Bus to the Event and Parent Pick Up After Event

Date: Friday, January 30, 2026 at Regis Middle School - 735 Prairie Dr NE

Who: 6th, 7th and 8th Graders from LaSalle, Regis, and St. Joes

Event & Location: Mini Dance Marathon at Regis

Friday, January 30 (3 - 5PM) Regis Middle School

This event includes: dancing, games, inflatable, photo booth, concession stand and raffle drawings for gift cards. All proceeds raised are donated to the University of Iowa Children's Family Hospital

Leave LaSalle: 2:45 PM on bus

Parent Pick Up: 5:00 PM at Regis Middle School

Cost: \$8 for admission only OR \$10 for snack pack (admission, slice of pizza, water and a treat)

Money due with permission form by Tuesday, January 27, 2026

By signing this section, I (parent/guardian) certify that I request and give my permission for _____(student/participant) to attend these events.

Further, I have previously completed the Annual Parent/Guardian Consent Form and Liability Waiver and agree to the conditions set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s): _____

Section 2 - Nonprescription Medication Permission - by signing this section, I hereby grant permission for nonprescription medication (i.e.: ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.