Lourdes Academy Field Trip Permission Form

I/We request that Lourdes Academy allow my student _____
Student Name

to participate in the field trip described below. I/We hereby release and save harmless the school, and any and all of its employees and volunteer chaperones, for and all liability for any and all harm arising to my/our son/daughter as a result of this trip.

_____ _____ _____
Parent/Guardian Printed Name *Parent/Guardian Signature* *Date*

In compliance with Lourdes Academy policy #2090, this form must be signed and returned to the school office in order to participate.

Chaperones are requested: Yes ☐ No ☒ I can chaperone if needed: Yes ☒ N/A No ☒ N/A

Name of Event: Lourdes Academy High School Cross Country Trip

Destination: Coach Moore Cabin/Upper Michigan

Student Cost: $0 **Instructor in Charge: Coach Moore**

Date & Time of Departure: Depart: 29AUG2025 (after School) Return: 01SEP2025 ~3:00pm

Mode of Transportation: Vans **Permission Slip Deadline: 28AUG2025**

Medical Release

In the event of an emergency, I give permission to Tim Moore, the adult in charge of this event, to seek medical attention for my child.

_____ _____
Parent/Guardian Signature *Date*

_____ _____
Insurance Carrier *Policy Number*

_____ _____ _____
Home Phone *Business Phone* *Cell Phone*

_____
Medical Information

_____
Allergies