

**ST. CHARLES BORROMEIO SCHOOL**

5000 N. Grove  
Oklahoma City, Oklahoma 73122  
(405)-789-0224

**PERMISSION SLIP**

I request St. Charles Borromeo School allow my child to go to \_\_\_\_\_  
(Name of destination for trip)

\_\_\_\_\_ located at \_\_\_\_\_  
(Address, City, State)

I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
(Parent's Name) (Child's Name)

to accompany \_\_\_\_\_ on \_\_\_\_\_, leaving at  
(Teacher/Person responsible) (date)

\_\_\_\_\_ a.m./p.m. and returning \_\_\_\_\_ a.m./p.m..

The Educational Purpose of the Field Trip: \_\_\_\_\_

I hereby release and save harmless the school from any and all liability from any and all injury occurring as a result of this trip. I also release the employees.

**Emergency Information:**

Parent's phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Person other than Parent to contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby grant permission for a qualified representative of St. Charles Borromeo School to seek and receive medical treatment for my child if the need should arise. I agree to accept financial responsibility for such medical treatment.

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Updated 8/9/2007