

**St. Charles Borromeo Catholic School**

5000 N. Grove  
Oklahoma City, OK 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 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 care 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.

Childs Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Parents Signature