

**LAKWOOD CATHOLIC ACADEMY**

**FIELD TRIP PERMISSION FORM**

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
(Teacher's Name)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of \_\_\_\_\_, a student at Lakewood Catholic Academy in the \_\_\_\_\_ Grade.  
(Student's name)

I hereby request permission for the above-named child to attend the \_\_\_\_\_  
(Place)

\_\_\_\_\_ on \_\_\_\_\_  
(Teacher's Name and Class) (Date of Field Trip)

from \_\_\_\_\_ to \_\_\_\_\_ and I consent to the child's participation in such a field trip.  
(Time) (Time)

I understand that the children will get to the place of the field trip by \_\_\_\_\_  
(Means of Transportation)

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the field trip and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the field trip, including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to call the teacher and ask him/her about the field trip.

\_\_\_\_\_  
(Parent/Guardian Signature)