School of the Cathedral of Mary Our Queen
111 Amberly Way, Baltimore, MD 21210
Phone: 410-464-4100 Fax: 410-464-4137

FIELD TRIP INFORMATION

What: ____
Description of Activity -- Destination

When: ____
Date Time of Departure from School Time of Return to School

Chaperones: ____

____

Teacher: __________________________ Teacher: ______________________________

Transportation: ____

Meals: ____

Clothing: ____

Other Information: ____

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Please complete and return to school this Field Trip Permission Form

RELEASE AND WAIVER

In consideration of my child **[please print child's name]**, ______________________________, participating in the above field trip, I hereby release the School of the Cathedral of Mary Our Queen, Cardinal William H. Keeler, Roman Catholic Archbishop of Baltimore, a corporation sole, and their agents, employees and principals, of and from any and all liability, claims, demands, actions and causes of actions whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by my child or children.

I hereby grant permission for **[please print child's name]**______________________________, to participate in the______________________. I acknowledge receipt of the attached information sheet describing the ________________________________.

Signature of Parent/Guardian ____________________________ Date ________________

EMERGENCY CONTACTS, for the day of the Field Trip:

____
Name [please print] Relationship to student Phone number the day of the field trip

____
Name [please print] Relationship to student Phone number the day of the field trip