

Parent Request for School Field Trip Transportation

To the Head of School of Mercy High School, Burlingame:

I hereby request that Mercy High School allow my daughter, _____, to participate
(full name)

in the educational field trips to:

1. Baccalaureate Practice at OLA Church, Burlingame on 05/30/19 from 12:45pm to 2:00pm

2. Graduation Practice at SI Church on USF Campus, SF 05/31/19 from 7:30am to 12:00pm

(destinations)

(dates)

(start times) (end times)

The educational purpose of these school field trips is to prepare for Baccalaureate and Graduation Ceremonies

1. Students must provide their own transportation to OLA Church in Burlingame.
2. Mercy High School will provide transportation to SI Church at USF via buses rented by the school – (Students MAY NOT DRIVE themselves to the SI/USF practice)

I, the parent (guardian) of the above named child, hereby, give my permission for her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the school personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of her participation in the above named activity, including transportation to and from the activity, whether or not covered by the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

Should it be necessary for my daughter to have medical treatment while participating in this field trip, I hereby request the school personnel use their judgment in obtaining medical service for my child and I request the physician selected by the school personnel render the medical treatment deemed necessary and appropriate.

I agree that in the event my daughter violates any school rules while on this field trip she will face disciplinary action upon returning to school. Should the violation be of a serious nature a parent/guardian will be contacted and required to arrange for the student's immediate transportation home.

Child's Full Name

Birth Date

Parent or Guardian (Print)

Signature

Parent or Guardian (Print)

Signature

Street Address

City

Zip

Home Phone

Work Phone

Cell Phone

Date

Person(s) (other than parent) to notify in case of emergency:

Name _____ Phone _____

Name of Physician _____ Phone _____

Name of insurance carrier _____ Policy # _____

STUDENT CELL PHONE: _____

BACCALAUREATE and GRADUATION PRACTICES: 05/30/19 & 05/31/19