

**Parent Permission Form for Field Trips**  
**St. Francis of Assisi Faith Formation**  
**1031 Chenango Street**  
**Binghamton, NY 13901**  
**607-722-4177**

Dear Parent or Legal Guardian:

Your son/daughter is asked to participate in a church-sponsored activity requiring transportation to a location away from the church building and property. This activity will take place under guidance and supervision of our Faith Formation Staff and group moderators. A brief description of the activity follows:

Name of Event: Confirmation Service Retreat  
Destination: Catholic Charities Food Pantry or Binghamton Boys and Girls Club

Designated Supervisor of Activity: Maria Kirk, cell # 607-222-1477

Date & Time of Departure: Friday, February 14<sup>th</sup> meet at St. Francis of Assisi Parish Center,  
1031 Chenango Street for 8:45AM.

Date & Time of Return: Friday, February 14<sup>th</sup> arrive back at St. Francis of Assisi Parish Center  
Parent pick-up ~ 12:30 PM

Method of Transportation: Transportation to and from adult drivers (Maria Kirk, and other appointed driver's)

Student Cost: Cost included in Jan Retreat ~ All food and beverages will be provided.

Your child is recommended to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my son/daughter, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the church and that my child will be under the supervision of the designated church personnel on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to Maria Kirk ~ Friday, February 14<sup>th</sup>

**Please fill out BOTH SIDES**

Field Trip Emergency Information Page 2

Child's name \_\_\_\_\_

In the event of an emergency, I may be reached at: \_\_\_\_\_  
Location and phone #

If I am unavailable, \_\_\_\_\_, has my  
Name of designated guardian and relationship to child

permission to act on my behalf and may be reached at: \_\_\_\_\_  
Phone number

Please list any information that may be helpful to us on the retreat,  
ie: allergies, medications, fears or concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Print Parent (guardian) name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent (guardian) signature \_\_\_\_\_ Date \_\_\_\_\_

Completed form (both pages) must be received by: February 14, 2020