



ALL SAINTS CATHOLIC SCHOOL
Field Trip Permission Slip
Harvest Dance – October 18th

I/We, the parent(s) guardian(s) of _____
Name of Child

Request that the school allow my/our son/daughter to participate in

_____ on _____,
Activity/Trip **Date of Activity/Trip**

We hereby release and save harmless the Diocese of Bridgeport and the school/campus of **All Saints Catholic School**, and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip.

Parent(s) _____ Date _____

Guardian(s) _____ Date _____