



Academic Excellence in the Jesuit Tradition

Field Trip Permission Form

Student:

Has my permissions to attend a field trip to:

On the following date(s):

With the following teacher/advisor:

Description & purpose of the field trip:

Parent Name: _____

Parent Signature: _____

Please note: students are responsible for bringing Epi-pens and inhalers as necessary. Please contact Cheverus if any of your medical information has changed since filling out the enrollment/re-enrollment online forms.

Cheverus High School
Permission Form For Field Trip
******Confidential******

_____ has my permission to attend a field trip to _____

on _____ with the following teacher/advisor _____.

Description/purpose of field trip:

In case of injury the following information is necessary:

Date of Birth _____

Home Phone # _____

Parent/Guardian Name _____

Father's Work Phone # _____

Mother's Work Phone # _____

Physician's Name _____

Physician's Phone # _____

**** Please list any medication or allergies that we should be aware of :**

I give my permission to administer any medical treatment necessary if parents cannot be reached.

Parent/Guardian Signature _____

Student Signature _____

Medical Insurance Number _____

Cheverus High School Trip Approval Form –

Trips requiring bus trips (in excess of 50 miles one-way) hotel, and/or air travel

Notice to the Cheverus employee making the request: you do not have the authority to 1) make any travel arrangements on behalf of Cheverus High School (hotel, airfare, conference room, meals, bus transportation, etc.), or 2) make promises to students and/or parents concerning this trip without the consent of the Business Manager or President and Principal or Assistant Principal. If you exercise such authority without this approval or failure to raise necessary funds, Cheverus High School will be under no obligation to honor any commitments made.

Trip Type: _____ Requested By: _____

Trip Purpose: _____

(Please attach, detailed daily itinerary)

Dates of Travel: From: _____ To: _____

Destination (s): _____

Number of students: _____ Number of employees: _____ Number of chaperones: _____

Hotel Name: _____ Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Phone: work: _____ ext. _____

Phone: cell: _____ home: _____

Projected Expenses:

Hotel Room Cost per Night Including Taxes: \$ _____

Round Trip Air Fare Cost: \$ _____

Conference, or Participation Fees: \$ _____

Meals: \$ _____

Insurance Premium \$ _____

Transportation: (Bus, or rental vehicle) \$ _____

Tolls/Parking Fees/Tips: \$ _____

TOTAL: \$ _____

Circle below:
Fundraiser planned
and/or
Purple & Gold request
(Attach forms)

Cost per Student: \$ _____ Cheverus Account(s) to fund trip: _____

Trip Approved: _____ Date: _____
Business Manager or President

Trip Approved: _____ Date: _____
Athletic/Activities Director

Trip Approved: _____ Date: _____
Principal or Assistant Principal