

**Archdiocese of Omaha**  
**Parent Permission Form for Field Trip Participation**

Date: **October 5, 2017**

Parish/School name/address: St. Columbkille School  
224 E. 5<sup>th</sup> Street  
Papillion, NE 68046

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish sponsored activity requiring transportation to a location away from the school/parish grounds. This activity will take place under the guidance and supervision of employees from St. Columbkille School/Parish. A brief description of the activity follows:

Destination: **Gifford Farm and Halleck Park**

Designated supervisor/s of activity: **Mrs. Loeffler, Mrs. English, Mrs. Higginbotham, Mrs. Perrault**

Date and time of departure: **October 17, 2017 8:15 AM**

Date and anticipated time of return: **October 17, 2017 3:00PM**

Method of transportation: **Bus and walking**

Additional Information: **Students may wear jeans and a spirit shirt. Comfortable shoes adequate for a lot of walking in tall grass are required. Children will need a sack lunch including a drink for lunch at the farm.**

**Total Cost: Paid by activity fee**

Educational purpose: **The children will experience live animals and learn how to care for them and what products we get from them and from farm crops. They will also have fun playing, exercising and cooperating with each other at the park.**

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

We hereby consent to participation by our child, \_\_\_\_\_, in the event described above. We understand that this event will take place away from school/parish grounds and that our child will be under the supervision of the designated diocesan/parish/school employee on the stated dates. We further consent to the conditions stated above on participation in this event, including the method of transportation.

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Signature of Parent/Legal Guardian

Date

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Address

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Emergency phone number