

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

Date: April 17,2019

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: **Rose Theater and Halleck Park**

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

Date and time of departure: April 30, 2019 9:00AM

Date and anticipated time of return: April 30, 2019 2:45PM

April 17

Method of transportation: Bus and walking

Student cost: \$0.00 Activity: \$0.00

⇒ **Total Cost: Paid with 1st grade activity fee.**

**Please pack your child a sack lunch including drink to be eaten at the park. School uniform will be worn. Please make sure comfortable shoes are worn as we are walking back from the park.**

Educational purpose: **The children will experience a live production of a well known trade book. They will cooperate with each other in group play at Halleck Park and walk back to school through the Papillion community.**

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.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency phone number