

Diocese of Kansas City – St. Joseph
Study Trip Permission Form

Name of School/Center **St. James School** Grade/Class Participating **Kindergarten- Weir & Cissell**

Date of Trip Oct. 14 Time of Departure 9:20 am Anticipated Time of Return 1:30 pm

Return Permission Form By Mon., Oct 13 Student Costs \$4.00 /person students already paid for by fees.

Lunch Needed? yes Completely Disposable? not necessary Drink? Not necessary

Dress Code: School Uniform no Dress Up _____ Casual clothes appropriate for farm.
We may be walking in some muddy areas.

Name of Activity **Shatto Dairy Farm** _____

Destination Lathrop, Missouri _____

Educational Purpose or Curriculum Goal – To see first-hand the production of milk.

Method of Transportation bus _____

Are you available to drive other chaperones on this trip? YES _____ NO _____ NA _____

Other special instructions or comments _____

I/We the parent(s)/guardians of _____ request that the school allow my/our child to participate in _____. I/We hereby release and save harmless **St. James School** and any and all of its employees from any and all liability and for any harm arising to my child as a result of this trip.

Print Name _____ Relationship to student _____

Signature _____ Date _____

List any special health care considerations/accommodations needed for your child on this study trip

(medications, allergies, diet restrictions, etc.) _____

Consent for Health Care and Treatment

In case of accident or emergency, I authorize the school representative to seek medical, surgical, hospital attention, or provide first aid for my child. It is understood that an attempt will be made to contact me before taking this action.

Signature _____ Relationship _____ Date _____

Home Phone _____ Work Phone _____ Cell _____ Other Emergency _____