

ST. ANTHONY SCHOOL

148 Makawao Street • Kailua, Hawai'i 96734 • Phone (808) 261-3331 • Fax (808) 263-3518



Dear Parents,

Date: _____

Our class will be taking a field trip to _____
on _____ from (time) _____ to _____. We will be traveling
by _____. Your child will need _____

Please sign and return the permission slip by _____.

Thank you,

.....

Date

My child _____ has my permission to participate in
the field trip to _____
on _____ from (time) _____ to _____. Transportation
will be provided by _____.

I, and the above named student participant, hereby release St. Anthony School, the Hawaii Catholic Schools and their personnel of any and all liability of every nature, kind and description or other claims or demands as a result of injuries or damage sustained by the student arising from, or in connection with the student's participation.

Print Parent's Name

Parent's Signature

Number you can be contacted at during the field trip