Permission Form for Field Trip Participation

We/I_____ request that OUR LADY OF VICTORY CATHOLIC SCHOOL (Parent/ Legal Guardian)

permit our child:
_____(Child)'s Full Name)

to participate in a school sponsored activity away from the school building. The activity will be supervised by school personnel and volunteers. A brief description of the activity follows:

Event: Montage Mountain Resort
Designated Supervisor: Lauren Waltz 814-883-7528
Date and Time of Departure: Sunday, February 8, 2026 : 7:00am
Anticipated Time of Return: 6:30-7pm
Method of Transportation: Bus
Cost: Fees on the Payment Fee : Money for lunch.

Since this is your request that OUR LADY OF VICTORY CATHOLIC SCHOOL permit

_____to participate in the above mentioned event,
(Name of Child)
you assume full responsibility for any personal actions taken by the student named above. You likewise release the teacher, principal, school, diocese, and chaperones from any legal action as a result of any incident which may occur.

In case of emergency, how do you want the situation handled?
Call emergency 911 Yes_____ No_____
Transport child to nearest doctor/hospital Yes_____ No_____
Do what school representatives' feel best for child Yes_____ No _____
Will the student have medication to use on the field trip? Yes_____ No _____
Does the student have any health problems? Yes_____ No _____
Other (please specify) _____

_____

Emergency Telephone for parent on day of field trip:_____

Parent/Guardian Signature_____

Date_____