

Today's date \_\_\_\_\_

St. Monica Catholic School  
(317)255-7153  
**Study Trip Permission Form**

**Date of Trip: Every other week**  
**Time of Trip: 30-45 mins**

**Transportation Type**

We will be walking across the street.

We will be using parent drivers for transportation (all parent drivers must list DL #'s and Insurance Policy #'s below)

The 7<sup>th</sup> & 8<sup>th</sup> Grade \_\_\_\_\_ class(es) will be going on a Study Trip to: Springfield Nursing Home  
6130 N Michigan Rd Indianapolis In 46228

The proper attire for this study trip is:  School uniform  Gym uniform  other

Special risks at this site include \_\_\_\_\_

Other Notes \_\_\_\_\_  
(cut here)

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ request that the school allow him/her to participate in this study trip. I/We hereby release and save harmless St. Monica School and any and all of its employees from any and all liability for any and all harm arising to my/our child as a result of this trip. I/We, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with knowledge of its significance.

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_

Special circumstances regarding my/our child \_\_\_\_\_

If I/we cannot be contacted, I/we hereby authorize the administration of emergency treatment.

Hospital of choice \_\_\_\_\_

**If needed, can you drive and/or chaperone?**

No

<input type="checkbox"/> <b>Yes</b> Name _____ Phone # _____ <b>Have you completed a background check form?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(these are valid for 5 years)</small> <b>Have you taken Virtus training?</b> <input type="checkbox"/> Yes Parish _____ Date _____ <input type="checkbox"/> No, but I am registered for a future class. Date of class _____ <input type="checkbox"/> No, I am not trained or registered for a future class. <b>Parent Drivers:</b> <b>Drivers License #</b> _____ <b>Auto Policy Company and #</b> _____
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