



SACRED HEART SCHOOL

**10770 Henderson Road
Ventura, CA 93004
(805) 647-6174 FAX (805) 647-2291**

Field Trip To: *Grades 4 & 5 will be going to the Ventura County Museum and San Buenaventura Mission*

Educational Objectives of Field Trip: *To learn about life in the mission period and in early Ventura County*

Time and Date: *January 20, 2016 departing from school at 8:45a and returning to school at 12:30p.*

Means of Transportation: *Bus*

Students will wear uniforms. Students will be eating lunch at school.

Cost: **\$3.00**

I request that my son/daughter, _____ be permitted to participate in the above field trip. As condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries, property damage that my son/daughter may suffer as a result of participating in the field trip described above. Whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in the trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other adults participating from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

Parent/Guardian

Date

Home Phone

Work Phone

**No student may attend a class field trip without this signed parent permission form.
Permission by parents may not be given over the telephone.**