

**St. Luke Catholic School**  
**7650 North Illinois Street**  
**Indianapolis, IN 46260**  
**317-255-3912**  
**Fax 254-3912**

**Field Trip Permission and Activity Release Form**

*Note that this form must be completed and returned to school before any child may leave the facility for an activity. Verbal permission is not acceptable.*

I/we am/are the authorized parent(s) or guardian(s) of \_\_\_\_\_.  
(child's name)

I/we give \_\_\_\_\_ permission to participate in a class/group trip to  
(child's name)

\_\_\_\_\_ on \_\_\_\_\_.  
(location) (date of trip)

I hereby release St. Luke School, school staff, volunteers and the Archdiocese of Indianapolis from any and all liability should any accident or injuries occur during this trip.

I understand that my child is responsible for proper behavior and following teacher or staff instructions on this trip; and that my child may be returned to school if there is a problem.

I authorize the escorting staff to seek medical aid for my child should it be deemed necessary if I/we cannot be reached. I/we will be responsible for any medical costs incurred.

\_\_\_\_\_  
(parent/guardian signature) (parent/guardian signature) (date)

**Emergency Information**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Medical Insurance \_\_\_\_\_  
(company and number)

List any allergies or other medical information needed in an emergency.