



Transportation Permission Form

Destination: _____

Adult chaperones: _____

Monsignor Clarke School (MCS) Participants: _____

Method of Transportation: Carpooling Bus Other _____

Date: _____; depart from MCS at _____, be picked up at normal release time from MCS

Cost: _____ . Bring lunch. Lunch provided Dress Requirements: _____

For more questions call _____.

By signing this form, I/we _____ certify that I/we give permission for
Parent or Guardian

_____ to go on this off campus site visit.

Student

I/we have given the instructions required above, and I/we release and save harmless the Monsignor Clarke School, Archdiocese of Providence, 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, and waive any claims against them.

Signature of Parent or Guardian

Emergency Information

Parent/Guardian Name Phone Number Medical Insurance Carrier Policy #

Doctor's Name Phone Number Preferred Hospital Phone Number

I/we give permission for _____ to be transported by ambulance and/or to be treated in the event of a medical emergency. Student

Signature of Parent or Guardian

LEARNING TODAY, LEADING TOMORROW