



587 Oronoke Road • Waterbury, CT 06708-3999 • www.HolyCrossHS-ct.com
203.757.9248 (Phone) • 203.757.3423 (Fax)

STUDENT DAY FIELD TRIP/ACTIVITY REQUEST

I request and authorize that you allow my child _____ to attend the school sponsored field trip/activity as follows:

Trip Destination: _____
From: _____ Until: _____

The teacher/organization sponsoring this activity will provide the student with accurate information regarding the method of transportation, cost (if any), proper attire, and the particulars surrounding the activity.

I understand that this is a school-sponsored trip/activity and that all school rules and regulations are in effect. I further understand that any breach of school rules and regulations or any type of conduct or activity found unacceptable could result in the aforementioned student being sent home and subject to school disciplinary measures.

I know that all possible safety and care will be provided for my child. Therefore, in case of an accident, I will not hold Holy Cross High School and/or its faculty/staff responsible.

If I (parent/guardian) am not available during an emergency, the following individual(s) can be contacted in my absence.

Emergency Contact 1	Phone	Relationship
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My child and I are insured by the following company:
_____ (policy number _____) which can be reached in an emergency at (800) _____.

I authorize and medical treatment necessary in the event that I cannot be reached,

Parent/Guardian Signature Date
Phone: (Work) _____ (Home) _____ (Cell) _____

If you have any questions or concerns concerning this activity or this form, please contact us at 203.757.9248.