

ST. THOMAS AQUINAS SCHOOL

Your son/daughter is eligible to participate in a school-sponsored activity away from the school building. This activity will take place under the guidance of employees of St. Thomas Aquinas School. A brief description of the activity follows:

- NAME OF EVENT:
- DESTINATION:
- DESIGNATED SUPERVISOR OF ACTIVITY:
- DATE & TIME OF DEPARTURE:
- DATE & TIME OF RETURN:
- METHOD OF TRANSPORTATION:
- COST:

**In order to have your child participate in the event - PLEASE complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian - you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child _____ in the event described above. I fully understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event including the method of transportation.

(print)Parent/Guardian Name

(phone number)

Parent/Guardian Signature

(emergency phone number)

Date _____

PLEASE RETURN FORM BY: