



SAINT DOMINIC ACADEMY

Grades Pre-K to 5
17 Baird Avenue
Lewiston, Maine 04240
Tel: (207) 783-9323 Fax: (207) 783-9491

Grades 6-12
121 Gracelawn Road
Auburn, Maine 04210
Tel: (207) 782-6911 Fax: (207) 795-6439

PARENT PERMISSION FORM FOR FIELD TRIP

Your son/daughter is eligible to participate in a school sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Saint Dominic Academy. A brief description of the activity follows:

NAME OF PURPOSE OF EVENT - Catholic Schools Week

DESTINATION - NSB Arena

SUPERVISOR (S) OF ACTIVITY - Auburn Campus Teachers

DATE/TIME OF DEPARTURE - 1/31/2023

RETURN/TIME - MS 8:05 – 9:45 HS 9:20 – 11:30

METHOD OF TRANSPORTATION - MS Parent Drop off, walking back to school HS walking both ways

STUDENT COST - \$0.00

YOUR CHILD NEEDS TO BRING Skates if you have them

If you would like your child to participate in this event, please complete, sign, and return* the following statement of consent and release of liability. As 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 request that Saint Dominic Academy allow my child _____ to go participate on a field trip to _____ on _____ (DATE)

Transportation to and from the destination will be by _____. I understand my child will leave school at _____ o'clock and return at _____ o'clock.

In case of an emergency, I authorize to have my child treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment, I accept full responsibility for all costs of such emergency treatment.

In case of an emergency which hospital do you prefer: _____

Name of Primary Care Physician: _____ Phone: _____

Because we are away from the hospital of Choice the student will be transported to the nearest hospital.

Health Insurance Company _____

Policy Number _____

Please indicate any allergies your child may have: (bee stings, bug bites, etc)

Signature of Parent or Legal Guardian _____

Date: _____ Address: _____

Home: _____ Work: _____

* Please return this entire form no later than _____

Would you be able to chaperone Yes _____ No _____