

**FIELD TRIP PERMISSION FORM**

Teacher: **Scott Day** Grade: **6**  
Destination: **Camp Joy**  
Address: **10117 Old 3 C Highway Clarksville, OH 45113**  
Purpose: **Outdoor Education**  
Dates: **10/8/2014-10/10/2014**

Method of Transportation: **West Clermont Bus**

Departure from School 10/8: **9:30 a.m.**  
Return to School 10/10: **1:30 p.m. (pickup held at the picnic shelter)**

**(Students will be dismissed upon arrival and will not return to class.)**

Meals: **Wednesday, October 8: Students must bring a brown bag lunch, dinner will be provided.**  
**Thursday October 9: Breakfast, lunch, and dinner provided.**  
**Friday October 10: Breakfast and lunch provided.**

Dress Code: **Camping/Outdoor Clothes (see packing list)**

Transportation Cost per Student: **Free (Provided by PTO)**

Emergency Phone Number where students can be reached:  
**(513) 516-1442--Mr. Day's cell 1-800-300-7094-- Camp Joy Main Line (before 5 PM)**  
**Camp Emergency on call (after 5 PM) --- (937)725-4036**

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**PLEASE COMPLETE AND RETURN THIS PORTION TO SCHOOL**

I hereby request that my child \_\_\_\_\_, Grade \_\_\_\_\_  
be permitted to participate in the field trip to \_\_\_\_\_ on \_\_\_\_\_.

I agree to hold harmless the staff of St. Thomas More School and its employees and volunteers and the Archdiocese of Cincinnati from all liability arising from or related to any illness or injury incurred by my child while participating in or traveling to or from this activity. I understand that my child is obligated to cooperate with all staff and volunteers assisting or directing this activity or transportation.

Parents' Emergency Phone Numbers \_\_\_\_\_ or \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Adult authorized to pick up student upon return to STM on Friday, 10/10 at 1:30p.m.  
Transportation must be provided.

Name \_\_\_\_\_

Cell number \_\_\_\_\_