

St. Thomas More School
788 Ohio Pike
Cincinnati, OH 45245

FIELD TRIP PERMISSION FORM

Teachers: **Mrs. Jaehnen, Mrs. Kohl and Ms. Mulvey**

Grades: **Kindergarten and First**

Destination: **Blooms and Berries**

Address: **9669 State Rt. 48
Loveland, OH 45104**

Phone: **513-697-9173**

Purpose: **Farm Curriculum**

Date: **Tuesday, October 6th**

Method of Transportation: **West Clermont Bus** (*provided by PTO*)

Departure from School: **8:50 am**

Return to School: **1:00 pm**

Meals: **disposable brown bag lunch (no pop)**

Dress Code: **STM red cardinal shirt with shorts or pants**

Cost per Student: **\$5.50** (check made payable to STM. No cash please.)

Emergency Phone Number where students can be reached: 513-753-2540

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PLEASE COMPLETE AND RETURN THIS PORTION TO SCHOOL

I hereby request that my child _____ who is in homeroom _____ be allowed to participate in the field trip to **Blooms and Berries** .

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 _____