



FIELD TRIP PERMISSION SLIP

St. Stephen's Episcopal School, Houston, 1800 Sul Ross Houston, TX 77098

Name of Child	
Age of Child	
Group Name (Homeroom)	
Date and Time of Activity	
Location of Activity	
Description of Activity	
Name of Parent / Guardian	
Mobile Phone	
Work Phone	
Home Phone	
Name of Alternate Emergency Contact	
Mobile Phone	
Work Phone	
Home Phone	
Teachers and chaperones of the Activity need to be aware that my child has the following medical condition/conditions (e.g., asthma, diabetes, allergies):	

This is to certify that my child (named above) has my permission to participate in the Activity, as specified above. I understand that my child will be away from the campus of St. Stephen's Episcopal School, Houston (the "School") during this Activity. Furthermore, I understand that this Activity is being undertaken under the auspices of the School, and I understand that teachers will supervise the Activity and that chaperones will assist the Group.

I certify that my child is in good health and can participate in the Activity with the Group. I accept and voluntarily incur all risks of any injuries, illness, damages, or harm which arise during or result from my child's participation in the Activity, including any associated travel. I hereby release, waive any and all claims against, and agree to indemnify and hold harmless the following parties: the School and the trustees, volunteers, affiliates, employees, officers, agents, and insurers of the School.

Signature of Parent or Guardian _____

Date _____