

SS. Peter & Paul School
801 State Street
Alton, Illinois 62002
618-465-8711

October 6, 2009

Dear SS. Peter & Paul School Parent,

The 8th grade class and the Kindergarten class will go on a field trip to Eckert's Orchard in Grafton, Illinois on Thursday, October 15, 2009. The students should wear jeans, a nice shirt, and have a jacket for the day. Each student is to bring a sack lunch and a drink **clearly marked with his/her name**. We will depart from school at 10:30 AM and return by 2:30 PM. Each student will pick his/her own pumpkin from the patch and bring it back to school to decorate. The cost for admission and transportation to Eckert's is \$14.50 per student. Please sign the permission slip attached and return to school by Tuesday, October 13, 2009.

Thank you,

Miss Fischer, Mrs. Lyons, and Mrs. Garrett

Kindergarten and 8th Grade to the Pumpkin Farm

I/We request our child _____ be allowed to go on the following field trip to the Eckert's Orchard in Grafton, Illinois with SS. Peter & Paul School departing at 10:30 AM and returning at 2:30 PM on Thursday, October 15, 2009 because we believe this trip will benefit our child both educationally and spiritually.

I/We understand that all rules of conduct and standards of behavior, as deemed by SS. Peter & Paul School will apply to this trip and I/we have discussed these with our child.
I/We further understand that I/we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, I/We freely assume this responsibility and liability.

I/We also understand that it may not be financially feasible for SS. Peter & Paul School to provide transportation for all those going on this trip. Therefore, I/We understand that some participants may be traveling by bus or by privately owned vehicles which may or may not be covered by insurance. With this knowledge, I/we hereby consent to our child traveling, to, from, and during this trip in either of these manners. (The students will travel by bus provided by First Student.)

I/We further understand that SS. Peter & Paul School is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, I/we release SS. Peter & Paul School and the Diocese of Springfield in Illinois, and all those acting on their behalf, from liability for damages to or caused by our child as a result of this trip and I/we agree jointly and severally to indemnify them for any such damages.

Emergency Contact/Medical Information (Please print)

Father/Guardian: _____ Daytime Phone: () _____

Mother/Guardian: _____ Daytime Phone: () _____

Address: _____ Home phone: () _____

Other contact person: _____ Phone: () _____

Medical Insurance Company: _____

Company Address: _____

Medical Conditions/Allergies: _____

We hereby also give consent for our child to receive emergency medical care during this trip. We hereby also give our consent for photographs of our child to be taken and released.

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

