



# Field Trip Permission Form

San Antonio Botanical Garden

Child's Name: \_\_\_\_\_

Date of the Trip: Friday, December 2, 2022

Leave School at: 9:45am Return to School at: 2:00pm

Location: 555 Funston Place, San Antonio, TX 78208

Cost per child: \$5 **Please bring cash/check to front office by December 1, 2022**

### What to bring:

- Sack lunch for eating lunch at the gardens
- Water bottle
- Backpack, if desired, for ease of carrying lunch, water, jacket, etc.
- Please DO NOT bring additional personal items, toys, money, books, etc.

### What to wear:

- Weather appropriate clothing
- Tennis shoes for lots of walking

### Transportation:

- Private Car: We have parent chaperones and teachers who are driving to the Botanical Gardens. Chaperones may stay at the garden with us or simply drop children off and then pick up again at the end of our trip. *If you prefer to transport your child directly to the garden please let the office know.*
- DRIVERS: You will need to **email a photo of your driver's license and car insurance** to the St. Paul's School office. Please email Crystal: [crodriguez@stpaulsmontessori.org](mailto:crodriguez@stpaulsmontessori.org).
- If you are not signed up as a driver/chaperone, **please be sure to leave your child's booster seat** (if applicable) at drop off Friday morning! Please label it with their name!

My child \_\_\_\_\_ has permission to attend the Field Trip explained above and is authorized to ride with a parent or teacher chaperone. I acknowledge that I will not seek to have St. Paul's Episcopal Montessori School or the chaperone held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my child's participation in the field trip. This release of liability includes accident, injury, loss, or damages to the child, as well as, to other individuals or property which may result from the child's participation in the event. I hereby release and agree to hold harmless St. Paul's Episcopal Montessori School and Church, its officials, agents and employees, and volunteer chaperones from any claims arising out of my child's participation in the event. Further, I give my permission for my child to receive emergency medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

In an emergency, please contact: \_\_\_\_\_ @ \_\_\_\_\_