

**School of Saint Mary**  
**1365 E. 49<sup>th</sup> Pl.**  
**Tulsa, OK 74105-4798**  
**749-9361**

### **Study Trip/Off-Campus Activity Form**

By completing this form you are requesting that your student be allowed to attend the study trip/off-campus activity listed below. By signing, you agree to all stipulations regarding this trip/activity. Any additional special information will be provided. Every trip is designed with your student's safety in mind. When activity is over, the students will return directly to Saint Mary School unless otherwise stated. Failure to complete this form in its entirety will necessitate that your student not attend the activity. ***No written notes, telephone calls, or faxes granting permission will substitute for this form.***

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Study Trip/Off-Campus Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Cost per student: \_\_\_\_\_ Items to bring: \_\_\_\_\_

What to wear: \_\_\_\_\_

Educational Purpose: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

***Please note: For safety reasons we ask that no young siblings go on study trips.***

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Retain the top portion of this form for your information. Return lower section to the teacher by: \_\_\_\_\_

*Your student will not be allowed to participate in this activity if this permission slip is not returned by the date indicated.*

The undersigned parent/guardian requests that \_\_\_\_\_ be allowed to attend  
(student's name)

\_\_\_\_\_ on \_\_\_\_\_  
(activity) (date of activity)

I understand the cost will be: \_\_\_\_\_.

During this activity a parent/guardian can be reached at the following phone number: \_\_\_\_\_.

An alternate number would be: \_\_\_\_\_.

Physician's name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

If a medical emergency occurs and I cannot be reached, and/or my student needs immediate care, I hereby authorize the staff of the School of St. Mary to use their best judgment in taking my student to a hospital and/or contacting a physician or dentist. I further agree to be responsible for any charges incurred in relation to obtaining such medical and/or dental care.

Neither St. Mary School nor the Diocese of Tulsa is responsible for any accidents incurred going to, on or returning from the study trip/off-campus activity.

Signature of parent/guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_