



**ST. ANTHONY MIDDLE SCHOOL  
INDEPENDENT SCHOOL DISTRICT #282  
ST. ANTHONY, MN 55418**

**School Field Trip  
Permission Slip**

\_\_\_\_\_ the undersigned being the parent/guardian  
(parent/guardian name)  
of \_\_\_\_\_, a student of the St. Anthony Middle School,  
(student name)  
hereby agrees to release ISD #282, its representatives and/or employees from liability for any injury to said student while attending the following activity, including travel to and from said activity, excepting injury or damage resulting from the willful acts of such representatives and/or employees.

Activity: 7<sup>th</sup> grade band attending Minnesota Orchestra concert Cost: \$9.00

Date: Oct. 21 Time: 9:15-12:30

Mode of Transportation: Bus

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

Address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone : \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_

If your child has a special health problem or handicapping condition, what considerations should be given to meet the needs of your child while on the field trip? (Please refer to back of sheet for medication authorization.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Having been explained the purpose of this field trip or activity, I am requesting to attend. My request indicates that I agree to follow the procedures and practices as set forth by my teacher and/or other adult supervisor. I will try to represent myself and my school to the best of my ability.

**If you are in need of financial assistance for this activity, please contact the Middle School office at 612.706.1030.**

Student Signature: \_\_\_\_\_

**NOTE: Medical form on reverse side—please sign before returning.**