



QUEEN OF PEACE
Catholic School

P.O. Box 3696, Salem, OR 97302
☎ 503-362-3443 FAX 503-589-9411

FIELD TRIP CONSENT and RELEASE FORM

The educational purpose of this activity is:

Where:
What:
When:
Travel by:
Departure:
Return:

The undersigned parent or legal guardian hereby releases Queen of Peace School, its employees, chaperones, and the Archdiocese of Portland in Oregon of all liability and claims (including, but not limited to, injuries and death) arising out of or resulting from the participation of their child/children in these activities.

It is further understood and agreed that, I hereby authorize Queen of Peace School and its employees or chaperones to secure the necessary services for my child/children in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

_____ has permission to go on the school field trip.
name

_____ I will join you as a chaperone.
name

_____ (____)____ - _____
Parent/Guardian signature daytime telephone date

_____ (____)____ - _____
Parent/Guardian signature daytime telephone date