

**ARCHDIOCESE OF BALTIMORE
DIVISION OF CATHOLIC SCHOOLS
320 Cathedral Street
Baltimore, Maryland 21201**

To: Parent(s)/Legal Guardians

Date: _____

From: St. John Regional Catholic School

Principal: Mrs. Karen Smith

Re: Bus Riding Permission

We have arranged for your child to ride the bus to:

The following provisions have been made and approved by the school:

Date: _____ Cost: (*non-refundable*) \$10 _____

Emergency phone number to contact supervisory personnel during the trip: 301 662-6722 - The School will contact the bus driver as needed.

Reasonable care will be taken by the bus driver to insure the safety of your child. It is absolutely essential, however, that you, as parent or legal guardian, give written permission for your child to ride the bus. Therefore, please sign the slip below and have your child return it to his/her teacher no later than the day before the child is to ride the bus.

If your child does not return the signed slip, he/she will not be able to take advantage of riding the bus. .

(Please detach and return this portion to your child's teacher.)

Release and Waiver

In consideration of my child participating in this field trip experience, I hereby release St. John Regional Catholic School, Archbishop William E. Lori, Roman Catholic Archbishop of Baltimore, a corporation sole, and their agents, employees and principals, of and from any and all liability, claims, demands, actions, and causes of actions whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by my child or children. I hereby grant permission for my

child _____ to ride the bus
to _____.

I acknowledge receipt of the information describing the details of the field trip experience.

Signature of Parent/Legal Guardian _____ **Date** _____

Parent/Legal Guardian phone number on day of trip: _____

(If applicable)

Medical Conditions that bus driver should be aware of: _____

Signature of Parent/Legal Guardian _____ Date _____