

*St Patrick Religious Education  
9 N. Clinton Ave  
Bay Shore, NY 11706  
(631)665-4914*

**Field Trip Permission Form**

As parent/guardian of \_\_\_\_\_, in Room \_\_\_\_\_, I hereby grant permission for him/her to participate in the St. Patrick Religious Education Confirmation Retreat to

The Shrine of Our Lady of the Island, Eastport, NY

The following rooms will be attending on  
**Tuesday, October 17, 2017**

Room 2 - Caligiuri  
Room 3 – Menna/Leddy  
Room 4- Meyer  
Room 6 – Quinn/Fabio  
St Patrick School - Douglas/Lykos

The following rooms will be attending on  
**Thursday, October 19, 2017**

Room 1A – Killeen/Fallon  
Room 1 – Ebert/Rooney  
Room 7 – Terrusa  
Room 8 – Bowler  
Room 10 – Winter

Students will be transported by Educational Bus Company.

The buses will leave from St Patrick School parking lot at **9:00am sharp, so please plan on arriving at 8:45am.** We will return to the school parking lot about 3:00pm. **There will be no parking permitted in the school lot from 7:00am-3:00pm.** I understand that participation in this activity may involve some risks despite the best efforts of the parish to supervise the participants and I agree to pay for any damages my child may cause.

I authorize the catechists or other parish employees involved with this trip to obtain any emergency medical treatment that my child might require in connection with this activity.

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_