



J.E. Cosgriff Memorial Catholic School - Summer Camp Field Trip Permission Slip

Student Name: _____

Please list any Allergies: _____

Please Mark All Applicable Weeks

Week One ____ (Please initial)

Field Trip: Planetarium

Date: June 4th, 2026

Location: Clark Planetarium in Salt Lake City

Transportation: Bus

Leaving: 9:00 am

Returning: 1:00 pm

Week Two ____ (Please initial)

Field Trip: Gateway Children's Museum

Date: June 11th, 2026

Location: Discovery Gateway Children's Museum in Salt Lake City

Transportation: Bus

Leaving: 9:00 am

Returning: 12:30 pm

Week Three ____ (Please initial)

Field Trip: Natural History Museum

Date: June 18th, 2026

Location: Natural History Museum of Utah at the University of Utah

Transportation: Bus

Leaving: 9:00 am

Returning: 12:30 pm

Week Four: No field trip week four - Vacation Bible Camp

I, the undersigned, parent or legal guardian of the above-mentioned student give permission for my child to participate in the above-named school field trips. I hereby release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my child and for any loss of property as a result of this trip.

(Parent/Legal Guardian Signature) (Date)

Emergency contact number

____ (Please initial) All insurance, medical information (including allergies and physical limitations) and emergency contact information is up-to-date in Renweb. (Access your FACTS Family Portal to make changes OR contact the Admissions Director.)