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**SACRED HEART SCHOOL**



Dear Parents and Guardians:

Your son/daughter is eligible to participate in a school-sponsored activity at a location away from the school building. This activity will take place under the guidance and supervision of employees of Sacred Heart School.

**Activity: FIELD DAY AT BERGEN COUNTY PARK, LYNDHURST MAY 23, 2024**  
**There is no rain date — if poor weather, then we hold the event at the school.**

**8:00 - 12:00 Grades K-8**

**8:30 - 11:30 PreK ( if you have older siblings  
you can come at 8:00)**

**DROP OFF AND PICK UP WILL BE AT THE  
PARK — THE SCHOOL BUILDING WILL BE  
LOCKED.**

**THERE WILL BE NO MORNING OR  
AFTERCARE THAT DAY.**

There will be no lunch provided. CLASS Parents, along with help from other classroom parents, have always supplied many snacks for the students .

There will be two **ice-cream trucks for “free” ice cream** for all. The trucks will arrive around 10:30. PreK children will go for the ice-cream first.

As parent or guardian you remain fully responsible for any legal actions which may result from any personal misconduct taken by the named student.

Please complete the permission form below. Without this permission form students may not attend the event.

**PARENTS ARE WELCOME TO STAY AT THE PARK WITH US as long as you have a Protecting God’s Children Certificate. The more parents the more supervision.**

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Student name \_\_\_\_\_

I give permission for my child to participate in the Field Day event. I understand that this event will take place away from the school grounds and that my child will be under the supervision of school employees. I further consent to the conditions stated above.

I understand and agree that in the event that my child should suffer injury of any sort while participating in the event described above, unless such injury is solely caused by their intentional or grossly negligent conduct, I agree to hold harmless, and not to pursue any claims against the school or any of its agents or employees as a result of such injury.

(Print) parent name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE CLASSROOM TEACHER BY MAY 20, 2024**