

# MERION MERCY ACADEMY PERMISSION FORM

My daughter, \_\_\_\_\_,  
has my permission to attend the \_\_\_\_\_  
trip on \_\_\_\_\_ (complete date) to  
the \_\_\_\_\_ (destination)  
in \_\_\_\_\_ (city and state).

I release Merion Mercy Academy and all chaperones supervising the event from any liability.

Name of Parent of Guardian (print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**Please note:**

No permission for attending a field trip may be granted via phone or email.

This form (with signature) may be faxed to:

610-664-6322

ATTN: Mr. Pidot, Assistant Head of School for Student Affairs.