

Boca Raton Christian School
Field Trip Permission Slip

Name of Student _____ Grade _____
TO: _____
DAY: _____ DATE: _____ TIME: _____
Location: _____
Purpose: _____
Leaving Time: _____
Teacher in Charge: _____

I give my permission to have my son/daughter participate in the above field trip or activity. I am aware that my child will be taking the above trip under school and parent supervision. I give permission for my child to share a carpool with a parent driver.

Statement of Insurance

We agree as parents or guardians that our personal insurance coverage will be the primary insurance carrier in the event of non-vehicular accidental injury. The insurance carrier for the vehicle will be the primary carrier in the event of a vehicular accidental injury.

Phone number in case of emergency _____
Parent's Signature _____