



**Boca Raton Christian School Field Trip Permission Form**

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.

**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