



PARENTAL/GUARDIAN FIELD TRIP PERMISSION FORM

I _____ give permission for _____
(Name of Parent/Legal Guardian) *(Name of Student)*

Grade _____, to participate in the following field trip or activity: _____
(Identify Field/Education Trip)

Departing Date: _____ Departing Time: _____ Returning Date: _____ Returning Time: _____

Location: _____

Fee: \$ _____ Form of payment: Cash Check Other _____
(To be completed by trip leader per Agreement)

Purpose: _____ Teacher in Charge: _____

I am aware that my child will be taking the above trip under school and parent supervision.

Transportation provided by : _____
(To be completed by the trip leader)

Trip Itinerary and Requirements: _____
(To be completed by the trip leader)

I understand that the leaders will make every effort to reach me; in the event that emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My child's physicians is : _____
(Name, Address and Telephone Number of Child's Physician)

Two emergency contacts are: _____
(Names, Addresses & Telephone Numbers of Emergency Contacts)

My child has the following medical conditions that would interfere with his/her participation on this trip:

My child takes the following medication: _____ and I will make arrangements for him/her to receive his/her medication as required. My child and I have read and understand the School's Code of Conduct. We agree to abide by these rules. I _____ (Parent/Legal Guardian) hereby covenant and agree to release and hold harmless Boca Raton Christian School from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the _____ (Name of Trip).

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.

(Parent/Legal Guardian Signature)