



FIELD TRIP PERMISSION SLIP

Trip Date: _____ **Location:** _____

Transportation: _____

Your child will need to bring: _____

Chaperones will need to bring: _____

PLEASE SIGN THE PERMISSION SLIP BELOW AND RETURN IT BY: _____
(date)

Teacher: _____

**Please send in suntan lotion, bug spray, etc. if you feel it would be appropriate for the trip. Nothing will be administered unless sent in with student's name and directions for use.*

My child, _____, **has my permission to go on the field trip**
to _____ **on** _____.

I may be reached during the field trip time at this number _____.

Will you be able to chaperone? _____ **yes** _____ **no**

Is the minor taking any prescription medications, (i.e., which will still be in use as of the date of this activity)? If so, please provide name of medication and dose/frequency:

Is the minor under ongoing medical treatment or monitoring for any medical condition? If so, please provide pertinent details below (including condition, name of physician providing care for the condition, etc.):

I, the undersigned parent or legal guardian of the minor named above hereby give my permission for my child to attend and participate. In consideration of the above-named minor being permitted to attend and/or participate in such activity, program or event, I agree that I will not hold Salisbury Christian School or _____ or their staff, agents, representatives, volunteers, or others acting on behalf of Salisbury Christian School or _____ responsible for any accidents, injuries, damages or losses of any kind which may arise out of my child's attendance at and/or participation in these outings, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such events by or at the request of Salisbury Christian School, its staff, agents, representatives or volunteers.

I agree to allow decisions regarding emergency medical care for my child to be made and determined by the adult leaders of Salisbury Christian School. I hereby authorize Salisbury Christian School or the adult staff member or volunteer designated by Salisbury Christian School to consent on my behalf to emergency medical, surgical or dental examination or treatment in the event that such care is required for my child. I understand that I will be responsible for payment of all emergency medical expenses incurred by or on behalf of my child.

I further hereby authorize physicians and emergency medical personnel to provide medical attention and treatment which they, in their medical judgment, deem reasonably necessary for the emergency care of my child in the event of illness or injury. I agree not to hold Salisbury Christian School or individuals acting on behalf of Salisbury Christian School or as volunteers in connection with the outings liable for any negligence or any actions or omissions relating to emergency medical care and absolve them from all such liability.

Parent's (Guardian's) Name: _____ **(Please Print)**

Parent's (Guardian's) Signature: _____ **Date:** _____

If you are chaperoning, please initial here to verify that you have received, read, understand, and agree to the Field Trip Chaperone Guidelines. _____