

HERITAGE CHRISTIAN SCHOOL
Field Trip Permission Form

Your child's class is participating in an educational field trip:

Teacher's Name: _____ Grade: _____

Destination: _____

Date: _____ Times: _____

Heritage Christian School requires parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate in the above activity, please carefully read and sign the document below.

I am attesting that I know, understand and appreciate that:

My child will remain under the supervision of the school or school personnel during this activity. Regardless of all feasible safety measures that may be taken by the school, some activities involve inherent risks to students.

I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this activity that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of law.

I authorize in advance any emergency medical treatment deemed necessary for my child while participating in this activity, and assume financial liability for expenses incurred because of an accident, injury, illness, or unforeseen circumstances.

I have read and do understand the above information and GIVE permission for my child to participate in the above activity.

Student Name: _____

Signature of Parent/Guardian

Date

Parent Name (Please Print): _____

Telephone Number: _____

Please complete and return this form before the date of the field trip.