

# Step of Faith Christian Academy

## Field Trip Permission Slip

Grade \_\_\_\_\_

Name: \_\_\_\_\_

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ON \_\_\_\_\_, WE WILL BE TAKING A FIELD TRIP TO

\_\_\_\_\_.

WE WILL LEAVE AT \_\_\_\_\_ AND

RETURN AT approximately \_\_\_\_\_

**SIGN AND RETURN THIS SLIP, GIVING PERMISSION FOR YOUR CHILD TO GO.**

CHILD'S NAME: \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO GO ON THE FIELD TRIP DESCRIBED ABOVE. I UNDERSTAND THAT STEP OF FAITH CHRISTIAN ACADEMY, OR THE DRIVER OF THE VEHICLE MY CHILD IS ASSIGNED TO, WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENT WHICH MIGHT OCCUR. I ALSO GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT IN CASE OF AN ACCIDENT.

PARENT'S SIGNATURE \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Cell numbers: \_\_\_\_\_

Allergies or pertinent medical information: \_\_\_\_\_

\_\_\_\_\_