



### FIELD TRIP PERMISSION FORM

Dear Parents & Guardians,  
The Founders Academy students will be participating in a school sponsored field trip which will take place off school grounds. The information for this activity is as follows.

**Please note that no student will be allowed to participate in activity without a signed permission slip.**

**PERMISSION SLIP MUST BE RETURNED BY: \_\_\_\_\_.**

|                            |  |
|----------------------------|--|
| Description of Field Trip: |  |
| Trip Coordinator:          |  |
| Date(s) of Field Trip:     |  |
| Time of Field Trip:        |  |
| Transportation:            |  |
| Recommended clothing:      |  |
| Fee:                       |  |

#### **Field Trip Permission Form**

I/We have been informed as to the nature of the activity and acknowledge that there are always certain risks for those who participate. I/We realize that the teachers/staff/chaperones cannot ensure the safety of my/our child and cannot assume responsibility for spontaneous, unforeseeable injuries that could not have been prevented by reasonable care. I/We agree that my/our child must adhere to all safety rules and regulations, as well as all instructions from the adults. Failure to do so may result in exclusion from this activity. I/We agree to bear any cost for additional transportation if my/our child is asked to leave the activity before completion. If there is important information, medical or otherwise, that the school staff should know, I/we agree to provide it to the nurse and/or teachers before the activity. I/We acknowledge and understand the risks and requirements for my/our child to participate and give my/our consent to participate in the field trip.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
Print

**Parent/Guardian:** \_\_\_\_\_  
Signature Date

**Total Amount of Payment:** \_\_\_\_\_

**PLEASE RETURN by** \_\_\_\_\_

(Please complete both pages)



### FIELD TRIP PERMISSION FORM

I/We hereby give permission for my/our child to be transported to a hospital or other emergency medical facility and to receive emergency medical treatment.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Print: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In case of emergency, and you cannot be reached, whom do you want us to call?

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### Waiver Form

I acknowledge and accept that my son's/daughter's (named above) participation in The Founders Academy (hereinafter "school") field trip is entirely voluntary and all risk is voluntarily assumed by my son/daughter and me.

I understand that school rules will be in effect. I have also ensured that my son/daughter understands that it is important for his/her safety, and for the safety of the group, that all rules given by chaperons be obeyed.

I hereby agree not to hold the school, any individual employed by the school, or the Board of Trustees liable for any expense, loss, personal injury, or accident to my son/daughter which is not the result of any negligent act or willful default of any employee or agent of the school. I will not bring any suit or assert any claim against The Founders Academy or the field trip chaperons as a result of any action taken.

\_\_\_\_\_

\_\_\_\_\_

Print Name

Sign Name

Date