

# Field Trip Permission Form

Your child's class will be attending a field trip to: \_\_\_\_\_

<i>Date</i>	_____	<i>Time</i>	_____
<i>Location</i>	_____		
<i>Cost</i>	_____		
<i>Transportation</i>	_____		
<i>Notes</i>	I would like to volunteer to chaperone my child's class YES or NO (circle)		

Please return this permission slip by: \_\_\_\_\_

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I give permission for my child \_\_\_\_\_ in room \_\_\_\_\_  
to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_  
Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip. (Exact cash)

I waive from any and all liability of the entity of FAITH Co-op and the person acting under said entity, including, but not limited to, staff and activity volunteers. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_