



2019-2020

## **Annual Parental Permission & Release Form For Field Trips**

This field trip consent form gives Chapelgate Christian Academy (CCA) and its staff permission to take the below named student off campus for school approved fields trips for the 2019-2020 school year. The permission applies to all field trips occurring within the school year. This permission is valid for one school year. Parents will be notified at least **48 hours** in advance of field trips. At that time, parents will have the option to withdraw permission for any individual field trip by completing the field trip Opt Out Notice. If a parent or guardian signs the Opt Out Notice for a specific field trip, the annual field trip consent remains valid for all other field trips.

If you choose not to sign this annual permission form, you will be asked to give permission for your child to participate in each field trip throughout the school year.

### **Student Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

In the event that neither parent or guardian can be reached, please contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### **Medical Information:**

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Does your child have a medical condition which CCA should be aware of before allowing your student to participate? \_\_\_\_\_

Allergies (list specific allergies i.e. peanuts, etc.) \_\_\_\_\_

Describe allergy symptoms/treatment (i.e. epiPen, etc.) \_\_\_\_\_

Medications (list medications student needs to have available on a field trip including overnight trips) \_\_\_\_\_

\_\_\_\_\_

**Consent and Liability Waiver:**

Every activity sponsored by Chapelgate Christian Academy is carefully planned and adequately supervised. However, even with the best planning and precaution, unforeseen events can occur.

As the Parent(s)/guardian(s) of \_\_\_\_\_ we hereby give permission for said student to participate in Chapelgate Christian Academy's Field Trips during the 2019-2020 school year. I understand field trips may require transportation to a location away from the school campus. We will not hold Chapelgate Christian Academy or any of its employees, volunteers, and/or agents responsible for any accident/injury that may occur to my student during these field trips including transportation to and from the event. By signing below, I acknowledge that my child is capable of participating in the activities offered on the field trip/event. If my student has limitations, I will outline them specifically below. If there are water events such as swimming or canoeing, for example, we acknowledge that our student is capable of swimming. If we do not think that our student is capable of swimming, we will list swimming below as an activity we do not wish our student to participate in. We authorize Chapelgate Christian Academy to make **emergency medical decisions** for our student during these field trips. It is understood that our child will obey all regulations and follow instructions of the leaders of these field trips. We agree to pay any expenses including the cost of our student being sent home if discipline is deemed necessary.

**Activities I do not want my student to participate in:**

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Parent Certification (both parents, if applicable, must sign form to be valid):

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Father Signature: \_\_\_\_\_

Mother Phone: \_\_\_\_\_ Father Phone: \_\_\_\_\_