



**Parental Permission Release Form
Field Trips & Class Parties
2020-2021**

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 2020-21 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 Name: _____ Grade: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian #1 Relationship

Home Phone Work Phone Cell Phone

Parent/Guardian #2 Relationship

Home Phone Work Phone Cell Phone

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

Emergency Contact Relationship

Home Phone Work Phone Cell Phone

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? _____

In the space below, please attach a copy of your medical insurance card (front and back):

Please list allergies below:

Allergy Type (list specific allergies, i.e. peanuts, etc)	Describe allergy symptoms/treatment (EpiPen, etc)

List medications* student needs to have available on a field trip (including overnight trips): _____

*As per the Maryland State Medication Policy, a medication order must be on file with the school nurse for any medications to be administered during the school day or at a school-sponsored event.

For classroom parties, my student:

- Has no food restrictions or allergies and may eat anything that is served
- May not eat the following foods or foods containing the following ingredients (for example peanuts or gluten): _____

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 2020-21 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. By signing this agreement, I further acknowledge the contagious nature of COVID-19 and that my child(ren) may be exposed to or infected by COVID-19 by being at school or participating in school activities. 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:

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

Mother Printed Name

Mother Signature

Father Printed Name

Father Signature