HOOD VIEW
ADVENTIST SCHOOL

FIELD TRIP PERMISSION FORM

This is to certify that _____has my permission to
(Student Full Name)
participate in the following activity.

Field Trip Name:_____ Date of Trip: _____

Supervising Teacher:_____ Class:_____

If drivers are needed, would you be willing to drive? Yes _____ No_____

(If you selected yes, please make sure you have the correct documentation with the school office.)

Authorization and Acknowledgment

- I, the undersigned parent/guardian, give my **authorization and consent** for my child to participate in this field trip.
- I acknowledge that my child is expected to follow all school rules and the instructions of the supervising teacher(s) and chaperones.
- In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services.
- I also agree to indemnify and hold harmless the sponsoring church/school and staff, the Oregon Conference of Seventh-day Adventists and its affiliated entities, and sponsors from liability arising from any accident or injury occurring during my child's participation in this activity.
- * If a field trip requires an additional fee of $_____, I authorize a charge to my school account.

Parent/Guardian Signature_____ **DATE** _____

Parent/ Guardian Phone Number _____

Emergency Contact Name & Number: _____