

SUCCESS ACADEMY SOUTH BEND
FIELD TRIP PERMISSION FORM



The student 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>			

Please return this permission slip by: _____

I give permission for my child, _____
to attend the field trip to _____ on _____
from _____ to _____

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 _____

I acknowledge that I will not seek to have the School District held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the School District, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the event(s).