

## **FIELD TRIP PERMISSION SLIP**

\_\_\_\_\_  
*Activity*

\_\_\_\_\_  
*Date*

I, the undersigned, parent or legal guardian for \_\_\_\_\_, hereby grant permission and approval for the above child to attend the above mentioned off-campus school function sponsored by Valley Christian Schools. I hereby grant said school or its agents, authority over the discipline of my said child during the said school function.

I furthermore, release Valley Christian Schools, its agents, teachers, chaperons, etc., from liability arising out of injury or damage to the aforementioned child which may occur to, from, or during this school function.

I further authorize the holder of this permission slip to obtain any and all medical treatment that may be necessary for my child, to, from, or during this event. I realize that I will be responsible for all medical costs incurred.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Cell Phone (if available)*

\_\_\_\_\_  
*Local Friend/Relative*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Dr. Name*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Insurance Company Name*

\_\_\_\_\_  
*Policy/Group #*