



Field Trip Permission Slip

Destination	
Date	
Departure Time	
Return Time	
Attire	
Cost	
Food	

I hereby give my consent for _____ to engage and
(name of student)

participate in the trip to _____ on _____.
(name of activity) (date)

I agree to release and discharge Faith Christian Academy, its authorized personnel and volunteers, exercising reasonable care from liability growing out of personal injuries and/or property damage resulting or occurring during the aforementioned activity, or in transit to and from said activity.

Parent Signature

Date

Teacher's Name		Amount Enclosed	
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- Yes, I can drive and chaperone this trip. I can transport _____ children.
My auto insurance company is _____ and their phone number is _____. My cell phone number is _____.
- No, I am unable to drive or chaperone for this trip.
- My child will not be participating in this activity.

PLEASE RETURN THIS PERMISSION SLIP BY