



PROVIDENCE CHRISTIAN ACADEMY

Field Trip Permission Form

Child's Name _____ Date _____

Field trips are an integral part of the education for boys and girls of elementary school, middle school, and high school age. At Providence Christian Academy these trips are planned with the utmost care. Parental help is sought in assuring safety at all times. Teachers insist upon good conduct and do everything possible to make the learning experience worthwhile. In spite of every precaution, sometimes accidents do occur. The teacher in charge and the parents serving as chaperones can be depended upon to use good judgment in obtaining immediate and proper care for your child.

Field trips are a common practice in the educational program of the school and community; however no one connected with the school can assume any financial responsibility in case of an accident. The Board, the school, the administrative staff, nor the teacher may be held responsible or liable.

This form further authorizes Providence Christian Academy to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for the above-named student in the event that the parent or legal guardian cannot be contacted immediately. It is understood that a conscientious effort will be made to locate the parent(s) or legal guardian before any action will be taken. Your signature indicates that you understand your obligation to the school to be informed of your whereabouts. You agree to assume the cost of necessary medical or surgical care.

Note: A separate form must be signed and turned in for each sibling, as the form must accompany the child's teacher on the field trip.

If you are willing for your child to make the field trip to:

_____ on: _____ (day & date of field trip)

please sign this form and return it to your child's teacher.

Mother _____
(signature)

or Father _____
(signature)

or Guardian _____
(signature)

Are you available to drive? _____ If so, how many children can you take? _____