



SUMMIT
CHRISTIAN
SCHOOL

FIELD TRIP PERMISSION SLIP

Grade/class: _____ Trip date: _____

Where: _____

Activity: _____

Departure From School (Time): _____ Return To School (Time): _____

Students will need: _____

-
1. I have been informed of the details of this educational field experience.
 2. My child has my permission to participate in this supervised field experience.
 3. I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized school personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.
 4. This field experience is considered as school work and will be conducted as a regular class.

I GIVE PERMISSION FOR _____ TO TAKE THE FIELD TRIP TO:
(Student's Name)

_____.

This trip is planned to extend a unit of study within the school curriculum.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD ON THIS FIELD EXPERIENCE.

(Parent or Guardian Signature)

Home Phone: _____

Work or Cell Phone: _____

Person to contact in an Emergency:

Emergency Phone # _____