

SUFFOLK CHRISTIAN ACADEMY
Field Trip Permission Form

Your child's class 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: _____

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I agree to hold Suffolk Christian Academy, or any chaperone harmless for any accident or injury to my child while on this field trip. The teachers and chaperones have my permission to render medical aid, or seek professional medical assistance for my child in case of an emergency.

I give permission for my child _____ in _____	
to attend the field trip to _____ on _____	
from _____ to _____	
Enclosed is \$ _____	
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 _____