



FIELD TRIP PERMISSION FORM OFF-PROPERTY

INFORMATION

_____ has my permission to go on a field trip.
Student's Name _____ Grade _____

To: _____

Grades going on this trip: _____ Date(s) of Field Trip: _____

Leaving at (time): _____ Returning at (time): _____

Teacher(s)/Chaperones: _____

Transportation by: _____

Cost: _____

Provide snack & drink Provide brown bag lunch & drink Provide drink only No lunch needed

While every precaution will be taken to ensure the safety and well-being of all Academy students, I understand that in the event that emergency medical treatment is needed, all avenues will be exhausted to reach the parents, doctor and emergency contacts. If the aforementioned people cannot be reached, I authorize The Academy's sponsor, teacher, approved chaperone, or an emergency medical services representative to take my child to the nearest appropriate treatment center for medical treatment.

PERMISSION

Parent Signature: _____ Date: _____

Please return this form to The Academy at Ocean Reef by _____