

# FIELD TRIP PERMISSION FORM

Teacher Name(s): \_\_\_\_\_ Grade \_\_\_\_\_ Student's Name: \_\_\_\_\_

Destination (including actual street address): \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Location: \_\_\_\_\_ Return Time: \_\_\_\_\_ Location: \_\_\_\_\_

Cost of Trip per Student: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

I understand that The Classical Academy is not responsible for insuring my student with regard to the student's participation in the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. I understand, however, that the student and I retain any legal rights we may have for Personal Injury Protection Coverage, to the extent it may be available, resulting from a motor vehicle or bus accident.

I understand that The Classical Academy and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The Classical Academy and its employees have not waived these protections and immunities. I understand that The Classical Academy and its employees may also have certain legal obligations with respect to the activity.

I understand that I am responsible for informing the school nurse of any and all medical conditions my child may have. Furthermore, the school nurses will not be held liable for conditions unknown to the school nurse at the time of field trip. Parents and/or guardians are responsible for providing the school nurse with a completed Health Care Plan prior to field trip.

I understand that if my child needs medication while on a trip and cannot self-medicate, either I will accompany my child or there will be a staff member trained and delegated by the school nurse who can provide the medication to my child.

I understand my student has the option to order a sack lunch through Sodexo for the day of the field trip and the order needs to be submitted at least 4 business days prior to the field trip.

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Phone:** \_\_\_\_\_

**All ASD20 and/or TCA policies and procedures apply to the trip regardless of where the activity takes place. Violation of the policies/procedures or failure to follow directives, safety rules, etc. could result in the student being sent home and/or disciplined.**

I acknowledge that I have read and understand this Field Trip Permission Form.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Secondary Student Signature Date

**EMERGENCY CONTACT INFORMATION WILL BE PULLED FROM INFINITE CAMPUS.** To update emergency contact information, go to the Infinite Campus Extended Parent Portal, available on the TCA website under Parent Links.