

Grace Christian Academy

1150 Wyoming St.
Boulder City, NV 89005

FIELD TRIP PERMIT

Last Name _____ First Name _____

I understand that during the school year my child may take part in field trips and educational excursions, either in private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from school and that the adult will take all necessary precautions to protect my child from harm and injury.

In the event my child is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the chaperone will immediately seek medical attention for my child and contact me as soon as possible. I further hereby agree to hold the Grace Christian Academy, its employees, and agents harmless of any injury or sickness directly caused by this event or by the negligence of persons other than employees or agents of the Grace Christian Academy School when such injuries or sickness occurs during any of the aforementioned trips.

I understand that I may revoke this permit at any time and either refuse to allow my child to take a field trip or to request that my child take certain field trips which I feel would be to his advantage. If I desire to take either of these actions, I will notify the principal of the school in writing stating these requests.

_____ Date _____ Signature of Parent or Guardian

I do not wish my child to take part in the aforementioned field trips.

_____ Date _____ Signature of Parent or Guardian

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Grace Christian Academy to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.)

for _____ This care may be given under whatever conditions are necessary
child's name

to preserve the life, limb or well being of my dependent.

_____ Date _____ Parent/Agency Representative/Guardian Signature

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____