



**2012-2013 School Year**  
**FIELD TRIP PERMISSION SLIP**

I understand that my child (ren) may have an opportunity to participate in trips that will take him/her away from the Carmel Academy campus. I understand that these trips will be under the direct supervision of a staff member(s) of Carmel Academy and that my child will be transported in a school owned or contracted, or designated vehicle.

**Student(s) Name/Grade** *(please print)*

	Grade _____
	Grade _____
	Grade _____
	Grade _____

- I give permission for my child (ren) to be allowed to attend such field trips.
- I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Carmel Academy, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child (ren) which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by Carmel Academy, its agents, representatives, or employees.

**Please complete the following:**

**Emergency Contact Telephone Numbers:**

Parents (or Guardians) Names: *(Please print)*

<i>(Parent /Guardian 1)</i>	<i>(Parent /Guardian 2)</i>
Home Phone: (    ) _____	Home Phone: (    ) _____
Work Phone: (    ) _____	Work Phone: (    ) _____
Cell Phone: (    ) _____	Cell Phone: (    ) _____

**Signature:** \_\_\_\_\_  
*(Parent or Guardian)*

**Date:** \_\_\_\_\_