



Rancho Christian Schools Field Trip Permission Slip

Student's Name: _____ Teacher(s): _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Can you drive? ____ Yes ____ No How many seatbelts available for students? _____

I understand field trips (both walking and by private vehicles) are part of the activities at this school. I give my permission for my child to attend this trip.

Signature of Parent or Guardian _____ Date: _____

Sack lunch needed: Yes ____ No _____

I hereby give consent for my child to be given medical aid if necessary during this field trip.

Signature of Parent or Guardian _____ Date _____

Phone number where parent/guardian can be reached in case of an emergency:

Cell phone () _____ Work phone () _____

Please state if your child has any allergies, physical limitations, or required medication on this trip.

I understand that my child will be riding in the private vehicle of a volunteer. By giving my permission, I also understand that the school's insurance does not cover any trip in which a volunteer transports students. In case of an accident or injury your own insurance will have to be sufficient to cover emergencies.

Signature of Parent or Guardian _____ Date _____

Do you have health/accident insurance? ____ Yes ____ No

Who is the carrier? _____ Group # _____



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