

COLLETON PREPARATORY ACADEMY PERMISSION SLIP

Student Name: Date of Birth:

Field Trip Date(s): to Lunch Off Campus: YES NO

Departure Time:

Arrival Back to School:

Destination:

Teacher / Chaperone (Return form to):

Cost:

Parent Driver Bus Student Driver (if necessary):

Permission form and payment needs to be returned by:

Additional Information:

As parent or legal guardian of the above named student, I do hereby hold harmless, release, and forever discharge Colleton Preparatory Academy, its employees, and chaperones from any and all claims, demands liability, actions, causes of action, attorney fees, and expenses on account of property damage or personal injury, which may result from causes beyond the control of, and /or without the fault or negligence of Colleton Preparatory Academy and its employees, during this activity and the student's transportation to and from this function.

I also give permission to the staff or faculty of Colleton Preparatory Academy to take whatever steps are necessary to obtain emergency medical treatment for my son/daughter, listed above, in the event that I cannot be reached. I will accept full responsibility for any such treatment.

List any medical conditions, allergies, or medications:

In case of emergency, illness, or accident to my child, the school is authorized to proceed as follows:

Parent name

Phone number

Phone number

Other emergency contacts in case of emergency or illness:

Name: Relationship: Phone:

Parent's Signature

Date

HOS or Asst HOS Approval