

PROVIDENCE CLASSICAL CHRISTIAN SCHOOL
TRANSPORTATION PERMISSION SLIP

I authorize my child/children to participate in all trips for the school related sport in which he/she is participating. Scheduled sports trips are made known to parents through the Athletic Calendar on the school website and via email. I understand that if I object to any particular sports trip, I must give written notification to my child's/children's coach indicating his/her non-participation in the sports trip. I agree to accept general liability for the participation of my child/children in all school related sports trips. I also release and hold harmless Providence Classical Christian School, their offices, employees, coaches, and volunteers from claims, liability or suits arising from child's/children's participation in any field trip.

Should an accident or illness occur, the coaches are authorized to follow proper procedure to secure medical treatment as needed.

Student Name (Printed)

Parent/Guardian Signature

Date

Note: During the trip, coaches will carry a copy of the medical form that we keep on file in the school office. Be sure your child's medical information is current.

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