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Mooresville CHRISTIAN ACADEMY

# PARENTAL PERMISSION SLIP FOR FIELD TRIPS

Students Name _____ Grade _____ Teacher _____
Date of Trip _____ Destination _____

I hereby give permission for my child to accompany his/her class at Mooresville Christian Academy on this educational field trip, approved by the administration of Mooresville Christian Academy.

In signing this request, I acknowledge the following things to be true:

- I have been given details of the field trip by a teacher or a school staff member at least 10 days prior to the trip.
- Reasonable supervision and adequate chaperones will be furnished by the school, which will consist of teacher/ parent volunteers from the group involved.
- I assume the responsibility of his/her insurance coverage/the cost of any treatment(s) involved.
- I understand that every effort will be made to reach me in the event of an emergency. However, I hereby authorize the bearer of this field trip permission form to act in my place and authorize emergency medical treatment should it become necessary and school officials are unable to contact me.
- I will not hold the school personnel responsible if efforts to contact me are unsuccessful.

I know that Mooresville Christian Academy of Morgan County, IN are any member of of its faculty, staff, or any volunteer chaperone, or bus driver will in no way assume responsibility for any injuries sustained to any student traveling to, from, or participating is scheduled field trips.

_____ _____
Parent or Guardian Signature date

In case of emergency on the day of the trip, please notify:

Name: _____ Relationship: _____

Phone numbers on order of preference

1. .
2. .
3. .
4. .
5. .

Second Contact, in case the first can not be reached.
Name: _____ Relationship: _____

Phone numbers on order of preference
1.
2.

Doctors Name: _____ Phone Number: _____
Insurance Company:_____ Phone Number :_____
Policy Number _____

___ I will chaperone the field trip