LINFIELD CHRISTIAN HIGH SCHOOL

2011/2012 Field Trip Permission Slip

STUDENT NAME: _____ _____
LAST FIRST

ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: (_____)_____

The faculty and administration of Linfield Christian High School intend to exercise responsibility in assuring a safe and educational time for all students while on field trips. Accidents can, however, still occur. I understand that my signature on this permission slip means that I will not hold Linfield Christian School liable, in any way, for accidents, injuries, or illness incurred on any school sponsored field trip.

I hereby give my child _____ permission to participate in the school-sponsored field trip(s) for the 2011/2012 school year.

By signing this form below, I hereby give my above mentioned child permission to ride with a pre-approved Linfield Christian School driver. I further understand my child is not permitted to ride with any driver other than those designated by the school.

This release must be signed by at least one parent/guardian.

SIGNATURE_____ _____
Father/Guardian Signature Date

_____ _____
Mother/Guardian Signature Date

Father's work phone: _____ Cell: _____

Mother's work phone: _____ Cell: _____

Field Trip to: _____
Date of Field Trip: _____
Time of departure from school: _____
Time of arrival back at school: _____
Faculty in charge: _____
Cost: _____
Special Instructions: _____
_____
_____