

**LINFIELD CHRISTIAN HIGH SCHOOL  
2019/2020 Field Trip Permission Slip**

STUDENT NAME: \_\_\_\_\_  
  LAST  FIRST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

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 2019/2020 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

\_\_\_\_\_ Date

Mother/Guardian Signature

Father's phone: \_\_\_\_\_

Mother's phone: \_\_\_\_\_

Field Trip to: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Time of departure from school: \_\_\_\_\_

Time of arrival back at school: \_\_\_\_\_

Faculty in charge: \_\_\_\_\_

Cost: \_\_\_\_\_

Special Instructions: \_\_\_\_\_