

# Coastal Christian School

## PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENT

### *To Be Completed by School*

Trip Destination: _____
Trip Purpose: _____
Date: _____ Leave: _____ Return: _____
Lunch ( <i>circle one</i> ): WILL WILL NOT be part of the trip. If lunch IS part of this field trip, your child must bring his/her own lunch <i>unless otherwise noted</i> .
Teacher and/or Trip Supervisors: _____
Mode of Transportation ( <i>circle one</i> ): School Bus *Private Cars (with individual seat belts)* Walk Charter Bus
Appropriate Dress ( <i>circle one</i> ): Regular School Dress Chapel Dress Special Dress: _____
Other Information: _____

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

**PERMISSIONS:** I give permission for my child to go on the field trip as described above. In the event of illness or injury when the school cannot contact the parent, I consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the student's parent(s)/guardian(s). I understand that all participants are subject to all school rules of conduct and consequences during the trip. In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors and Coastal Christian School for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

**EMERGENCY CONTACTS:** Please provide **ALL** the following phone numbers so the school trip supervisor can contact you or the child's doctor if you are not available:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician or Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical Insurance Company (if any): \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication needed during the trip: \_\_\_\_\_  
*(Give medicine & complete instructions to the teacher.)*

Describe any special problem(s) here and on the back of this sheet: \_\_\_\_\_

If **PRIVATE CAR** is checked above :\* \_\_\_ I give permission for my child to ride to/from the event with a volunteer parent or staff driver who has registered and met school requirements and who will be assigned by the teacher at departure. I release CCS from all liability related to transportation

Optional:\* \_\_\_ I will transport my **own child** (*check which applies*) \_\_\_ to and/or \_\_\_ from the event. I will **not** transport other children without completing the Volunteer Transportation Form and getting the permission of the parents of the other children.

Optional: \_\_\_ I would like to be a CHAPERONE on this trip. (*If you volunteer, you will need to read and satisfy the school's policies and procedures regarding volunteers. Teachers will call volunteers as needed.*)

Optional: \_\_\_ I am interested in being a volunteer driver. Please send me the driver application form.

**SIGNATURE:** I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms.

PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete & return this form by \_\_\_\_\_**