Field Trip Permission Form

My (Our) student, _____, has permission to participate in the field trip to

_____on _____.

A SERVICE TO STUDENTS: I (We) recognize that these adults who supervise my (our) student during this field trip do so be giving above and beyond their regular or expected duties for the sole benefit of my (our) student.

DRIVER INSURANCE: If my spouse or I have offered to drive my vehicle for this trip, I hereby certify that I have current medical and liability insurance on the vehicle that meets the Colorado state law, and that I hold a current Colorado driver's license. (All drivers MUST sign this form to verify insurance coverage.)

WAIVER OF LIABILITY: I (We) have, by my (our) signature(s) below, agreed to a waiver of all liability of Resurrection Christian School, Inc., its officers, administrators, teachers, and/or volunteers from all liability, EXCEPT NEGLIGENCE OR CRIMINAL BEHAVIOR, arising from the activity for which this letter is signed.

EMERGENCY MEDICAL TREATMENT OF STUDENT INJURY: I (We) give permission for a licensed physician to administer medical treatment to my (our) child in the event that my (our) child is injured or becomes seriously ill and needs medical attention during the trip and we cannot be reached by telephone or other reasonable method.

MEDICATION USED:_____

_____

ALLERGIES OR OTHER CONCERNS:

_____

_____

EMERGENCY CONTACT
NUMBERS:_____

_____

_____

_____

_____
Parent Signature