

# FIELD TRIP PERMISSION 2019-2020

Captain Gilmer Christian School

P.O. Box 5338

Fletcher, NC 28732

828-684-8221 or Fax 828-687-5121

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I hereby give my permission for \_\_\_\_\_ Grade \_\_\_\_\_  
to participate in the field trips at Captain Gilmer Christian School for the  
2019-2020 school year. In case of an accident involving an injury during  
school time, the school has my permission to have my child treated in the  
E.R. or at a doctor's office. I realize the teachers will supply information  
with regards to the various field trips throughout the year.

Does the above named child have any current medical problems? \_\_\_\_\_  
Please list: \_\_\_\_\_

Is he/she taking any medication? \_\_\_\_\_  
Please list: \_\_\_\_\_

Are there any restrictions to physical activities? \_\_\_\_\_  
Please list: \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

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Parental Signature \_\_\_\_\_

Date: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_