

FIELD TRIP PERMISSION 2018-2019

Captain Gilmer Christian School

P.O. Box 5338

Fletcher, NC 28732

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

I hereby give my permission for _____ Grade _____
to participate in the field trips at Captain Gilmer Christian School for the
2018-2019 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: _____

Parental Signature _____

Date: _____

Phone Numbers: Cell _____ Home _____

Work _____