



ABUNDANT LIFE CHRISTIAN ACADEMY

FIELD TRIP PERMIT

Last Name: _____ First Name: _____ M.I. _____

I request that my child be allowed to participate in an authorized school field trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take responsible precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Abundant Life Christian Academy employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with standard for student behavior his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperone will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold Abundant Life Christian Academy, its employees, and agents harmless for any injury or illness caused by negligence of persons other than employees or agents of Abundant Life when such injury or illness occurs during the trip.

I understand, while under the care of Abundant Life Christian Academy, my child may take part in field trips and educational excursions. My child will travel by bus or on foot. My child will frequently visit Doolittle Recreation Center and West Las Vegas Library for outdoor physical activity & educational resources. In addition, students will participate in various field trips throughout the year. I further understand that my child will be chaperoned by a responsible adult at all times while away from the center.

Signature: _____ Date: _____

Home Phone: _____ Work / Cell Phone: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Please note any medical information which would be of help: (i.e., allergies, medications to avoid, current medications, etc.)

I DO NOT wish my child to take part in the aforementioned field trips or educational excursions

Signature: _____ Date: _____