



TRINITY ACADEMY

Innovative Classical Learning

FIELD TRIP PERMISSION FORM

Philosophy, Release from Liability, Medical Conditions, and Permission to Treat

Experiential education, through both on-campus and off-campus instructional activities, is an integral part of the Trinity Academy learning journey. Educators may choose to use field trips as academic endeavors or for cognitive, social, and emotional skills development. In addition, service opportunities often require off-campus travel.

By signing this form, the Parent gives permission for the student(s) listed below to participate in _____ The Parent agrees not to hold Trinity Academy or _____ or the faculty, staff, or other employees of both parties liable for any injury sustained while participating in the field trip.

In the event of a student medical emergency and when efforts made to contact the Parent have been thwarted or not received, the Parent gives permission for the faculty, staff, or other employees of Trinity Academy to seek appropriate emergency medical care for the student.

_____	_____
Student 1 Full Name	Student 1 Birthdate, including year
_____	_____
Student 2 Full Name	Student 2 Birthdate, including year
_____	_____
Parent Full Name	Date
_____	_____
Parent Cell Phone Contact Number	Parent Signature
_____	_____
Student's Physician	Physician's Contact Number
_____	_____
Medical Insurance Company	Medical Insurance Policy and Group Number(s)

Please identify/describe any allergies or other chronic medical conditions of the student(s) and the appropriate medication/treatment for the condition. (i.e. asthma/inhaler, juvenile diabetes/insulin, bee sting/epi-pen, etc.). Indicate if you request the medication/treatment to be in the possession of the student or school.

