



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, are 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 _____ (list event), to be held at _____ (location), on _____ (date). The Parent agrees not to hold Trinity Academy or _____ (event host/organization) 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, diabetes/insulin, bee sting/epi-pen, etc.). Indicate if you request the medication/treatment to be in the possession of the student or the school.

