

Atholton Adventist Academy
6520 Martin Road
Columbia, MD 21044

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FIELD TRIP PERMISSION
2009-2010

Student's Name (print) _____ Grade _____

I understand that field trips are an integral part of my child's education at Atholton Adventist Academy, and I hereby give permission for my child to attend all field trips within the metropolitan Washington D.C. and Baltimore areas during the 2009-2010 school year.

I further agree that, in the event of injury or accidental death involved in any of the above mentioned activities, I will not hold the school or its personnel liable beyond the coverage provided by the school accident insurance policy when reasonable care and supervision have been provided.

I understand that field trip details will be sent home with my child prior to its occurrence.

Parent/Legal Guardian Signature

Date