

FIELD TRIP PERMISSION
2010-2011

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 authorized by school administration during the 2010-2011 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 provided prior to its occurrence.

Parent/Legal Guardian Signature

Date