



# THE KING'S ACADEMY

## 2017-2018 Field Trip Permission Slip

Field Trip Name: 8th Grade Christmas celebration Date: Wed, Dec. 20, 2017  
 Location: San Jose, Christmas in the Park Means of Transportation: personal vehicles  
 Departure ☐ Meeting ☒ time: 3:00 PM Return ☐ Pick-up ☒ time: 9:30 PM  
 Cost: \$25.00 Cash or Checks payable to: The King's Academy  
 Dress Code: TKA dress code applies; wear layers for outside  
 What to bring: optional: extra \$ for snacks at Christmas in the Park and ice skating (\$17)

(detach here)

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(return this portion)

\_\_\_\_\_ has my permission to participate in the field trip to  
 Student's PRINTED name \_\_\_\_\_  
 \_\_\_\_\_ on \_\_\_\_\_  
 Field Trip Location \_\_\_\_\_ Field Trip Date \_\_\_\_\_

Sponsoring Staff Name: \_\_\_\_\_

### PARENT/GUARDIAN & EMERGENCY CONTACTS

Parent/Guardian PRINTED name: \_\_\_\_\_

Parent/Guardian DAY-TIME phone (including area code): \_\_\_\_\_

Emergency contact (if parent/guardian can't be reached): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### HEALTH INFORMATION

Please provide the following information or if your student does not have any of the health conditions listed below, please write "None".

Medications being taken by student: \_\_\_\_\_

Allergies to foods, drinks, insect bites, medications, other: \_\_\_\_\_

☐ Check box if life-threatening medical condition exists and explain: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### CONSENT TO TREAT & LIABILITY WAIVER

In the event I can't be reached in an emergency, I hereby grant my permission to the physician or dentist selected by the trip leaders to provide any medical or surgical attention for my student as deemed necessary. I hereby release and hold harmless The King's Academy and designated group leaders from all liability, and for all actions or claims that I or my student may now or hereafter have for damage or injury to my student or his/her property.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_