

# SCHOOL FIELD TRIP PERMISSION FORM

## HARVEST CHRISTIAN ACADEMY

110 Mc Kee Road  
Bakersfield, CA 93307  
(661) 831-3639  
www.hcacademy.net

We grant permission for our child \_\_\_\_\_  
Name of Student (Please Print)

to participate in field trips for the \_\_\_\_\_ school year.

Student's specific medical needs, if any: \_\_\_\_\_

Name of medical provider: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Emergency notification number for parent: \_\_\_\_\_

Alternate emergency name & telephone number: \_\_\_\_\_

We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless Harvest Christian Academy and Harvest Free Will Baptist Church, their officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

**AUTHORIZATION TO TREAT MINOR:** In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child and that I will be responsible for said expense.

**Prescription or over-the-counter medication:** *I certify that I have on file in the school office, a current form stating all medications that my child must take.*

**\*I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THIS PERMISSION SLIP.**

Parent/guardian signature: \_\_\_\_\_

Parent/guardian name (please print): \_\_\_\_\_

