

Special Event Off-Campus Permission Form

Grade(s)/Course: _____ Activity: _____ Trip Date: _____

Objective of Activity _____

Teacher(s) in Charge: _____ Departure Time: _____ Approximate Return Time: _____

Means of Travel/Drivers Needed: _____ Cost of Trip: _____

Specific Safety Considerations/Instructions/Rules/Items needed: _____

Lunch/Food _____ Other Information: _____

PLEASE SIGN AND RETURN THIS FORM NO LATER THAN _____

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↑ **Keep the Above Section for Your Information - Return the Lower Section to the School** ↓

Student's Name _____ Student's Grade _____
Teacher _____

Emergency Form Updates:

Please update any of the following that may have changed since the beginning of the year: emergency contact names, phone numbers, doctor's name, insurance information, etc. _____

Special Needs:

Parents, if your student has allergies or other medical or special needs, please list the need and related instructions on a separate sheet of paper, sign, attach to this form and initial here _____. If you initialed this space, please communicate your instructions to your child. Thank you!

Permission to participate is given in accordance with all materials signed upon enrollment and on file at the school office. Attendance for this outing is a privilege that may be revoked if the student is not prepared for the outing or does not comply with the school handbook or supplementary policies. Parents are expected to make timely travel arrangements and pay for the expenses if a student needs to be returned to school for disciplinary or health reasons from an out-of-town location.

I/we agree to hold harmless Tree of Life Christian Schools, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

Parental Permission for Participation:

I have carefully read all the above information and understand its terms.

____ I give permission for my/our child to participate and agree to the terms for this off-campus activity.

____ My child will not be able to participate because _____

____ I am willing to chaperone ____ I can drive if needed _____ # of students I can transport

Parent's Signature

Date

**Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with their name filled in and their parent's signatures will not be permitted to attend.*