

FIELD TRIP PERMISSION FORM

I, as the parent/guardian of _____
Student's Name

do hereby give permission for said student to participate in school sponsored field trips to various locations during the 2019-2020 school year. In the event of an accident, I agree to take full responsibility for my child and will not hold Ascension Leadership Academy liable for any injuries or damages.

Parent/Guardian Signature

Date

MEDICAL RELEASE FORM

I/We hereby acknowledge that participation in Ascension Leadership Academy Field Trips could involve risk of injuries due to travel, water activities, hiking, fishing, and other activities. I/WE hereby acknowledge that participation in these activities could result in an unavoidable accident. I/We also understand that I/We will not hold Ascension Leadership Academy or Ascension Leadership Academy's staff responsible for any injury that may occur while participating in Ascension Leadership Academy field trips or on school property. I also give my permission for Ascension Leadership Academy teachers or anyone acting on behalf of Ascension Leadership Academy to do what is necessary to act in the best interest of _____ should an injury occur. This could involve medical attention

Student's Name
provided through an Emergency Room or other Medical Provider.

Medical Insurance Information

_____ is covered by medical insurance. Yes/ No

Contract Number _____

Family Physician or Family Care Provider _____

Phone Number _____

Print Student's Full Name

Date

Parent/Guardian Signature

Date