



**MY-STARS**

**Enrichment Camp**

**FIELD TRIP PERMISSION**

I / We, the parents/ guardians of the above named child, understand the nature of the field trips and activities planned and are in accord with the purposes and procedures governing the field trips. We hereby grant permission for our child to participate. 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, with situations or problems that are not reasonably within the control of the supervising teacher(s) or staff (including aids and volunteers). We further agree to release and hold harmless Emmanuel Christian Academy, their agents, 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.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my child. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my child must return to Emmanuel Christian Academy independently for reasons of health, accident, failure to conform to the rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I reserve the right to decline attendance of my child on individual field trips by providing a date, written notice of refusal to the teacher and school office prior to the field trip.

Student's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Department of Job and Family Services**

