

Village Gate Children's Academy Field Trip Permission Slip with Medical Release  
This form must be signed by parent and returned to school before the trip

Field Trip: New Children's Art Museum Date of Trip: Dec.13th, 2011

Faculty Member Sponsoring Trip: Larry Cecio

Time of Departure: 9:00 AM Arrival back at Village Gate: 2:45 PM

**MEDICAL RELEASE**

I give my permission for \_\_\_\_\_  
(Students full name – please print) (Grade)

to attend the above trip, and authorize any medical treatment in my absence, for the well-being of the student, in case of an emergency. I agree to hold harmless Village Gate Children's Academy, its employees and agents, and the physician or hospital treating my son or daughter, exclusive of negligence, from any injury or sickness occurring during this trip.

**CONTACT INFORMATION**

Please Print Clearly

Name of 1st Emergency Contact: \_\_\_\_\_ Name of 2nd Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INSURANCE**

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Please list any special medical or physical needs, medical conditions, or allergies the chaperones should be aware of:

I understand if my child requires an inhaler/epipen that it will be provided to the chaperone's prior to the trip.

Date: \_\_\_\_\_ Signature of parent or legal guardian: \_\_\_\_\_