

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: Cannon Art Gallery Date of Trip: November 14th, 2011

Faculty Member Sponsoring Trip: Larry Cecio

Time of Departure: 12:00PM 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: _____