

LOMA LINDA ACADEMY

10656 Anderson Street * Loma Linda, CA 92354 * (909) 796-0161 Ext. 1001

Field Trip Consent

Place:

Sponsor:

Date(s):

Departure time or time of event:

Return time:

Mode of Transportation:

Cost:

(retain top portion for your information)

✂-----**(return bottom portion to your child's teacher)**-----

PLACE:

DATE(S):

NAME OF CHILD: _____

I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the Loma Linda Academy, Southeastern California Conference and Association of Seventh-day Adventist, and sponsors from liability arising from any accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility between school, student, and home. This does not include gross negligence on the part of those mentioned above. ***This does not waive coverage within the policy limits of student accident insurance which covers school sponsored activities.***

SIGNATURE OF PARENT/GUARDIAN

DATE

In the event of sudden illness or accident requiring attention, I give permission for my child to obtain emergency medical treatment. I, _____ (Name of Parent) can be reached at _____ (Phone number) Please indicate any medical problems, allergies, medications _____.

- Yes, I can drive for this field trip and have seatbelts for _____ # of students.
- I cannot drive but would like to go if there is enough transportation.
- Yes, the teacher has a copy of my driver's license, insurance verification, and driver information form on file for the CURRENT school year. (for drivers)
- No, I have not completed the driver information form (including a copy of my driver's license and insurance verification). I will come into the elementary office at least **2 weeks before the field trip** and complete the necessary forms
- I can go on the bus as a chaperone.
- I understand that this is a campus event, and no transportation will be necessary.

BECAUSE THE RESPONSIBILITY OF BEING A CHAPERONE DEMANDS THE FULL ATTENTION OF THE PARENT, SIBLINGS WILL NOT BE ALLOWED TO ACCOMPANY US ON ANY FIELD TRIPS OR RECREATIONAL TRIPS THROUGHOUT THE SCHOOL YEAR. PLEASE FEEL FREE TO CONTACT THE ELEMENTARY OFFICE IF YOU HAVE ANY QUESTIONS.

SIGNATURE OF PARENT/GUARDIAN

DATE