



Field Trip Form

Student Information

Student Name: _____

Grade: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Field Trip Details

Field Trip Destination: _____

Date: _____

Departure Time: _____ Return Time: _____

Emergency Contact Information

In case of emergency, please provide the following contact information:

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____ Alternate Phone: _____

Health Information

Please provide any relevant health information or medical conditions that the school should be aware of, including allergies, medications, or special needs: _____

I, the undersigned parent/guardian, hereby grant permission for my child, _____, to participate in the field trip organized by Word of Faith Christian Academy to _____ on the specified date. I understand and acknowledge the following:

1. I am aware that the field trip involves inherent risks and hazards associated with travel, outdoor activities, and the specific destination.
2. I understand that the school will take all reasonable precautions to ensure the safety and well-being of the students during the field trip.

3. I release Word of Faith Christian Academy, its staff, volunteers, and agents from any liability for any injury, loss, or damage that may occur during the field trip, including transportation to and from the destination.
4. In the event of an emergency, I authorize the school to seek and provide necessary medical treatment for my child. I understand that the school will make every effort to contact me, but if unable to do so, I consent to emergency medical treatment.
5. I agree to indemnify and hold harmless Word of Faith Christian Academy, its staff, volunteers, and agents from any claims, damages, or expenses arising out of my child's participation in the field trip.

By signing below, I confirm that I have read, understood, and agree to the above terms and conditions thereof method.

Parent/Guardian Signature: _____

Date: _____

Please return this completed form to the Word of Faith Christian Academy office prior to the field trip date. Thank you for your cooperation!