

DATE \_\_\_\_\_

# LCA FIELD TRIP / WITNESSING & OUTREACH PERMISSION

STUDENT'S LEGAL NAME: \_\_\_\_\_  
Last First Grade

Normally, LCA students participate in approximately 4 field trips each school year and 4 witnessing/outreach events. These events are School Board approved prior to events taking place and fees are kept to a minimum, but fees do fluctuate based on the event. Based on the last 2 years, there was an average of \$12.00 per field trip and no fees for witnessing/outreach events. In the future, necessary fees of approximately \$12 for each event will be billed on your statement and this permission form will serve all School Boards' approved LCA functions.

Please initial the blanks below to affirm your agreement:

\_\_\_\_\_ I/We, the undersigned, hereby **grant permission** for the above student named to participate in all LCA events.

\_\_\_\_\_ I/We, the undersigned, **do not grant permission** for the above student named to participate and he/she will remain at home or will have other arrangements made for him/her those days.

\_\_\_\_\_ I/We do hereby agree to release from any and all liability and otherwise hold harmless all school personnel acting in their supervisory capacity for personal injury property or other type of loss which could occur as a result of these activity.

\_\_\_\_\_ I/We do hereby authorize LCA to place event fees for these activities on my statement, for prompt payment with my monthly tuition.

\_\_\_\_\_ I/We further authorize chaperones to seek and arrange for emergency medical care, hospitalization or surgery that may become necessary in my absence, and I/we will assume financial responsibility for same.

\_\_\_\_\_ I/We understand that the car seat (if required) must be provided by the parent/guardian for the event and must meet standards required, including non-expired date, size, etc.

The Lester Coon Adventist School sponsors, and the school officials, will make every reasonable effort to properly supervise, control, and render safe all activities in the planned programs.

OTHER PERSON/S TO NOTIFY IN THE EVENT OF AN EMERGENCY DURING THIS EVENT (**other than parent**):

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Signature of Father, Mother or Guardian (circle one) Date

List any special medical requirements or allergies: \_\_\_\_\_

\_\_\_\_\_