



SOURCE OF WISDOM
Academy

FIELD TRIP - GENERAL WAIVER

Note: Multiple families, please fill out separate form for each child.

I hereby certify that my child _____ has permission to participate in field trips that are part of school curriculum.

I hereby release and discharge any teacher, employee, or other person engaged in the activity herein above-described, from all claims, present and future, known or unknown, in any manner arising out of the above-described activity. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above-described activity harmless from any and all liability relating to my child for any and all personal injury or illness that may be suffered by my child, and further, I agree to hold them harmless from any loss of property by my child that may occur during field trip activities.

It is understood that no child will be allowed to participate in field trip activities until this form is signed by parents or guardians.

Insurance and Emergency Information:

Family Physician's Name: _____ Phone #: _____

1. Emergency Contact Name: _____ Cell Phone #: _____

2. Emergency Contact Name: _____ Cell Phone #: _____

Are your child allergic for any of the following?

Y /N Aspirin

Y /N Milk

Y /N Peanuts

Y/ N Other, please explain: _____

Has your child been under a doctor's care for health or psychological conditions? _____ Yes _____ No

_____ Asthma Medication: Y N If, Yes, what kind? _____

_____ Attention Disorder Medication: Y N If, Yes, what kind? _____

_____ Other, please explain: _____

In case of emergency, I give permission to the school authorities, or its representative, to obtain medical treatment for my child in my absence.

Parent's Print Name: _____

Parent's Signature: _____ Date: _____