

## Field Trip Permission Form

I/We \_\_\_\_\_ give permission for \_\_\_\_\_ to attend field trips sponsored by Central Children's Academy. Information regarding destination, means of travel, cost (if any) and precise times will be provided to parents prior to each field trip.

By signing below I/We do hereby request and give consent to the Director of the duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician, and also give consent for transportation of my child for emergency treatment in the event a parent/guardian cannot be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_