



INTERMOUNTAIN
ADVENTIST ACADEMY

Field Trip Permission Slip

Child's name

has my permission to go on local school field trips during the current school year. He/ She is in good physical condition at present and has had no serious illnesses or surgeries since the last health examination. I shall make sure that he/she does not attend if he/she is not feeling well. I understand that I will be notified of every field trip with a note sent home. I also understand that I will be notified if there is any cost for a field trip. In the event of an emergency, we will contact parents / guardians first. If we cannot reach you, we will use the emergency contact on file.

Parent Name (to call in case of emergency)

Phone number to call in case of emergency

Parent / Guardian Signature

Date

Emergency Contact / Authorized Pickup List

In the event of an emergency, we will always try contacting the parents / guardians first. If we cannot get in contact with the parents / guardians, we will start at the top of this emergency contact list and work our way down until reaching someone. If you give permission for someone to pick up your child from school, but NOT be an emergency contact, please indicate this.

Authorized to pick child up:

1. _____
Name
_____ Phone Number (Home or Cell)
Relationship to Student
Emergency Contact: Yes or No
2. _____
Name
_____ Phone Number (Home or Cell)
Relationship to Student
Emergency Contact: Yes or No
3. _____
Name
_____ Phone Number (Home or Cell)
Relationship to Student
Emergency Contact: Yes or No
4. _____
Name
_____ Phone Number (Home or Cell)
Relationship to Student
Emergency Contact: Yes or No

Your child will only be released by the school to people on this list. If someone not listed is going to pick up your child, please notify us in advance.

Additional instructions regarding who may or may NOT pick up my child from school.

Parent/Guardian Signature

Date