

GLENDALE ADVENTIST ELEMENTARY
FIELD TRIP CONSENT FORM

Regular field trips are planned as part of the GAE Summer Day Camp program. These field trips include, but are not limited to, local museums, libraries, and parks. **THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO GO ON ANY TRIPS.**

Child's Name _____ Home Phone _____

Mother's Name _____ Work/Cell Phone _____

Father's Name _____ Work/Cell Phone _____

Address _____ City _____ Zip _____

Family Physician _____ Phone _____

This Consent Form is good for the entire 2010-2010 for all the field trips. If, at any time, you do not wish your child to participate in a field trip, please notify the school, and make other arrangements for your child that day.

If emergency service involving medical action or treatment is required and neither the parent or the family physician can be reached, the parent hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering such service.

AS A PARENT OR GUARDIAN I HEREBY GIVE PERMISSION FOR MY CHILD TO GO ON THE AUTHORIZED SCHOOL FIELD TRIPS. I ALSO CONSENT TO ANY MEDICAL TREATMENT DEEMED NECESSARY IN CASE OF EMERGENCY.

Parent or Guardian _____
Print full name

Parent or Guardian _____ Date _____
Signature