

FIELD TRIP PERMISSION FORM

Dear Parent,

On	, the	grade of KHCS will be taking a field trip to	
			, located at
Students will depart KHCS at			
requirement for your son or daug	hter to attend	. However, to participate, i	t is necessary that this form is
signed by you as the parent of			By signing and
completing this form, you give us	permission to	o take your son and/or dau	ighter on this trip, and in
consideration of that educational	opportunity, 1	eleasing fully and covenar	nting not to sue in any
circumstance and indemnifying th	ne church and	school in connection with	liability from an injury to
him/her, agreeing not to seek pay	ment from Kl	HCS for any such injury co	vered by other insurance,
and assuming the risk in connecti	on with the fie	eld trip. "KHCS" includes t	the employees, officers,
directors and agents thereof and t	heir estates ar	nd heirs, and "liability" incl	ludes any and all cause of
action, claim, right, judgment or e	xecution.		
Teacher:			
Signature of Parent (on behalf of b	ooth parents) _		
Date:			

Please provide emergency contact information for at least one parent:

Phone: _____

Email: _____