

CLASSICAL COTTAGE SCHOOL, INC.

FIELD TRIP PERMISSION FORM

My child, \_\_\_\_\_, has permission to participate in the Classical Cottage School Field Trip to \_\_\_\_\_  
DESCRIBE LOCATION

on \_\_\_\_\_ .  
DATE

As a representative of the Classical Cottage School, my child will follow all rules of conduct as specified in the Classical Cottage School Participation Contract.

I understand that transportation will be provided by parents of the Classical Cottage School, and that I am willingly choosing to allow my child to ride in private vehicles. I hereby state that I will not hold Classical Cottage School responsible for any accidents, injuries, or incidentals that occur to, from, or during the field trip.

In case of an emergency, I give permission for my child to receive emergency medical treatment. In case of such an emergency, please contact:

\_\_\_\_\_ at \_\_\_\_\_ .  
(name) (number)

Parent/Guardian signature \_\_\_\_\_

DATE: \_\_\_\_\_