



Field Trip Permission Form

Teacher's Name: _____

Event: _____

Location: _____ Date: _____

Educational Plan/Purpose: _____

Time Leaving: _____ Time Returning: _____

Mode of Transportation: _____

Items to Bring: _____

What to wear: _____

Extra expenses for _____ in the estimated amount of \$ _____ to bring with you in cash. **This does not include the field trip fee that will be billed to you in FACTS as stated below.*

I understand that while on this Hartfield Academy sponsored event, my child is under the supervision of Hartfield Academy faculty/staff. I further understand that the children may be transported in privately owned cars driven by parents or teachers. I release Hartfield Academy, its agents, employees, and officers from any liability, and waive any claim, demand, or action against Hartfield Academy, its agents, employees, and officers for any personal injury suffered by my child, myself, or other family member attending the Hartfield Academy event with my child, or injuries to property, real or personal, caused by, arising out of, or in connection with the above-described activity.

Option In: By signing this form allowing my child to participate in this field trip, I give permission for Hartfield Academy to bill my FACTS account for the costs associated with this field trip event totaling \$ _____ per person attending.

Student's Printed Name: _____ Grade _____

Parent/Legal Guardian signature *Date*

Option Out: I do not wish for my child to participate in this event and I understand that is my responsibility to make other arrangements for my child's supervision.

Parent/Legal Guardian signature *Date*