

ADCS FIELD TRIP PERMISSION SLIP

2023-2024

Student's Name _____ Date of Birth: _____

Address _____

City _____ Zip Code _____ Grade _____ Age _____

Home Phone _____ Cell Phone _____

_____ has my permission to attend all of the ADCS field trips during the 2023-2024 school year. With this signed agreement we (I) absolve the teacher, Anaheim Discovery Christian Schools, and any and all members of its staff of any responsibility for the safety, welfare, health, and well-being of the student named above. I understand that the teacher will take what can be called reasonable care for students in his, or her, custody and that the students are subject to the teacher's clear instructions. In the case of a medical or dental emergency I (we) give our permission for our student to be treated as necessary. I (we) assume personally and exclusively all responsibility and liability for accident, injury, etc. which occurs beyond those areas covered in the School Accident Insurance Policy, which may occur to the above named student during the time of the specific activity as set forth at the beginning of this paragraph.

Special Instructions: All school field trip details and information will be posted on the ADCS Facebook page. Parents/Guardians should reference this page for instructions.

Guardian/Father's Name and Signature

Guardian/Mother's Name and Signature

Cell Phone and/or Emergency Numbers

Cell Phone and/or Emergency Numbers

Date: _____

Date: _____