(202) 431-5203 WWW.GIFTEDAEC.ORG

## FIELD TRIP PERMISSION FORM

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

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STUDENT INFORMATION:	□ Female	Grade:
Student's Name (Legal Name):	Date of Birth	1:
Parent/Guardian's Name (Legal Name):		mm/dd/yyyy
Street Address:		
State:Zip/Postal Code:		
MEDICAL RELEASE		
MEDICAL RELEASE		
I understand that every effort will be made to contact me in hereby authorize Gifted Academy Educational Center, its c considered necessary or advisable by the physician or nurs	lirector, staff, or representative, to consent to whatever med	
It is understood that this authorization is given in advance and power on the part of my agent to give specific consent or nurse in the exercise of his/her best judgment may deem	for any and all such diagnosis, treatment, or hospital care v	
CONSENT AND RELEASE OF LIABILITY		
	ational Center that may require transportation to a location employees and/or volunteers from Gifted Academy Educat	away from the center. This activity
Type of Event:		
Estimated Time of Departure:	Estimated Time of Return:	
Cost of the Event:		
Destination of Event:		
Individual In-charge:		
Mode of Transportation To/From Event:		
As Parent/Guardian, I remain legally responsible for any p	personal action taken by the above named minor ("student"	').
Center, its director, chaperons, drivers, or representatives the event or in connection with any illness or injury (inclu director or any representative associated with this event for	r heirs, successors, and assigns, to hold harmless and defen associated with the event, from any claim arising from or a ding death) or cost of medical treatment in connection ther or reasonable attorney's fees and expenses which may incur ses from the negligence of Gifted Academy Educational Co	in connection with my child attending ewith, and I agree to compensate the r in any action brought against them
	ence and transportation in this school-sponsored service. I I DDILY INJURY, DEATH, OR PROPERTY DAMAGE, A TION IN THIS SERVICE.	
	D AM AWARE THAT THIS IS A RELEASE OF LIABIL FTED ACADEMY EDUCATIONAL CENTER AND I SIG	
•	of my child:	
Parent/Guardian's Name ( <i>Legal Nam</i>	e):Print Parent/Guardian	's Full Name
Parent/Guardian's Signature		Date
i archi Guardian 8 Signature.	Sign Your Name	Today's Date