



## FIELD TRIP PERMISSION SLIP

I, \_\_\_\_\_, give permission for my son/daughter \_\_\_\_\_,  
(Parent/Legal Guardian) (Student)  
to participate in the \_\_\_\_\_ Field Trip on \_\_\_\_\_.  
I understand that Archway/Southwest School's staff will not allow any form of inappropriate behavior or drug/alcohol use, and will not be responsible for any accidents that may occur. I acknowledge that the activities during this field trip have inherent risks. I voluntarily release and agree to indemnify and hold harmless Archway Academy/Southwest Schools and its staff from any and all claims, demands, or causes of action, which are in any way connected with participation in this trip.

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and if parent(s), guardian(s), or emergency contacts are not available, I agree that Archway Academy has the authority to obtain medical assistance. Furthermore, I release Archway Academy and its employees, from any liability and/or responsibility for any illness or injury suffered as a result of my child's participation in this field trip.

Further, I understand that if my child's behavior is deemed inappropriate while participating or he/she is under the influence, or in possession of drugs and/or alcohol my child will be separated from the other participants and I may be contacted to pick up my child.

Photographs will be taken on this trip for the purpose of hanging in the school, our website, graduation ceremonies, our annual fundraising events, and marketing purposes.

- Please check the box if you would NOT like your child to be photographed. I do NOT consent to photography.

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Parent/Legal Guardian Printed Name

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Parent/Legal Guardian Signature

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Date