



*St. Stephen Presbyterian*  
**DAY SCHOOL**

**PARENT PERMISSION, RELEASE AND INDEMNITY FOR FIELD TRIPS**

I hereby certify that my child \_\_\_\_\_ has my permission to participate in field trips during the 2020-2021 school year. To the best of my knowledge, he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against St. Stephen Presbyterian Church and any teacher, employee, or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my child for any personal injury or illness that may be suffered or any loss of property that may occur to my child.

It is understood that in the event that my child is unable to attend any field trips upon my request or teacher request, that I will find alternate care for my child during the said time period.

It is understood that no child will be allowed to participate in any field trip activities until this form is signed by a parent or guardian and returned to the Day School office.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY MEDICAL CARE AUTHORIZATION**

St. Stephen Presbyterian Day School is authorized to obtain emergency transportation to and/or emergency medical care for the child listed below at the nearest hospital emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_