



GCA requires each family to complete a permission form every time a child leaves school grounds. We also ask that you update contact phone numbers and any important medical information for this particular field trip. Thank you!

As a parent, if volunteering, be sure to complete the security background check available on the [www.granvilleca.org](http://www.granvilleca.org) website. Click on Parent Resources – Field Trips - Volunteer Background Check Link. Submit completed application, fee, and copy of your driver’s license and auto insurance card. This is required of all volunteers once every two years. It’s painless and it provides us with another tool in providing safety to all students.

Yes, my child \_\_\_\_\_ Grade: \_\_\_\_\_  
Has permission to go to location \_\_\_\_\_  
Date of Field Trip \_\_\_\_\_ Time: \_\_\_\_\_ Attire: \_\_\_\_\_

I, the parent/guardian of the student named above, understand the nature of the field trip and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our child to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems may arise on any trip, school-sponsored or otherwise, and are not reasonably within the control of the supervising teachers (staff) and volunteers. We further agree to release and hold harmless the Granville Christian Academy, their agents, officers, employees, and volunteers from any and all liability, claims, suits, demands judgments costs, interest and expenses arising from such activities, including any accident or injury to the student and the costs of medical services.

No, my child \_\_\_\_\_ Grade \_\_\_\_\_  
Does **NOT** have permission to go \_\_\_\_\_

For day of field trip: Contact Name	Best Phone #	Alternate Phone #
1		
2		

**►►► Important Medical Information for Teachers and Chaperones ◀◀◀**

<input type="checkbox"/> Allergies _____	Epi-Pen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Asthma _____	Inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes _____	Insulin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Current Medications _____			

**In the event of injury or illness during the field trip:**

In the event of reasonable attempts to contact me have been unsuccessful; I hereby give my consent for school personnel to administer emergency first aid until the services of professional medical care can be secured. We understand that if necessary, our child will be transported to the nearest medical center for professional medical care. This authorization does not include major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_