

**FIRST BAPTIST ACADEMY**  
**Field Trip and Emergency Medical Permission Form**

\_\_\_\_\_ has my permission to go on a school-  
Name of Student

sponsored field trip to \_\_\_\_\_  
Location

on \_\_\_\_\_. I do hereby release First Baptist Academy from any  
Date

and all claims and liabilities of any nature, individually and collectively, that might arise from my child's participation in this field trip. I also give my permission for First Baptist Academy to secure emergency medical attention for my child in the event I cannot be contacted.

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

Home Phone No. \_\_\_\_\_ Office Phone No. \_\_\_\_\_

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