



Sarasota Military Academy

FIELD TRIP PERMISSION SLIP

Complete this form and turn it in to the Headmaster or Commandant. It must be turned in and signed before cadets will be allowed to participate in this activity. The **Emergency Medical/Treatment Field Trip Consent Form** must be on file at the school before cadets will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/ coach or interscholastic activity sponsor.

Signature of Headmaster or Commandant

Teacher: _____ Class : _____

Destination: _____

Time/ Date of Departure: _____

Time/ Date of Return: _____

Leaving From: _____

Returning To: _____

Means of Transportation: _____ Number of cadets attending: _____

Meal Arrangements: _____

Cost to Students: _____

Other: _____

	<u>CURRENT GRADE</u>	<u>ACCEPTABLE BEHAVIOR</u>	<u>TEACHER SIGNATURE</u>	<u>OVERALL APPROVAL</u>
PD 1	_____	YES / NO _____	_____	YES NO
PD 2	_____	YES / NO _____	_____	YES NO
PD 3	_____	YES / NO _____	_____	YES NO
PD 4	_____	YES / NO _____	_____	YES NO

THE UPPER PORTION MUST BE FILLED OUT BY TEACHERS PRIOR TO THE PARENT'S SIGNATURE.

FIELD TRIP PERMISSION

I _____ (parent/guardian) give my permission for _____ (cadet's name) to participate in the field trip to _____ (destination) on _____ (date). Phone number where I can be reached during this field trip: _____

I realize that any activity that takes place away from the controlled environment of the school setting may present a higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release the Sarasota Military Academy, its employees, and agents from all claims, judgments, costs, or other expenses including attorneys' fees, resulting in any way from participation in the field trip described above.

Signature of Parent / Guardian

Date

Signature of Event Staff Sponsor

Date