

Student _____
Name Last First Grade



WAAS Blanket Field Trip Permission Form 2018-2019

Student named above has my permission to participate in all field trips to be taken by Wilmington Academy of Arts and Sciences during the 2018-2019 school year. As parent/guardian, I agree to the following:

1. WAAS faculty and staff are authorized to obtain emergency medical treatment for this student as necessary. Please refer to student's Emergency/Medical Permission Form on file, **which I will keep up-to-date.**
2. WAAS will not be liable for injury to this student as result of the negligence, errors, and omissions of others (e.g., charter bus owners and drivers, or amusement park owners or workers), their agents, heirs, employees or assigns either through their action or inaction.
3. If student takes personal belongings on a field trip, student will be responsible for them. WAAS accepts no responsibility for personal items, such as watches, purses, money, cameras, and wallets, etc.
4. **It is my responsibility to let WAAS know in a timely manner if my child will not be attending/doesn't have permission to attend a specific field trip.**
5. This blanket form may be used for trips of a similar nature, which are repeated during the school year. Some field trips may require additional permission forms.

Persons to contact in event of an emergency:

Printed Name Daytime Phone Number

Printed Name Daytime Phone Number

Printed Name Daytime Phone Number

Parent/Guardian
Name Printed _____

Parent/Guardian
Signature _____

Date _____