



## FIELD TRIP PERMISSION SLIP AND EMERGENCY WAIVER FORM

**GATEWAY**  
BAPTIST ACADEMY

170 E. Pony Lane, Gilbert, AZ 85295 Tel 480.857.0455 Fax 480.214.0257

Student's Name: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_

Location of Field Trip: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

I give my child, \_\_\_\_\_,  
permission to be a part of this field trip. In the event that  
my child may need any medical attention or assistance, I  
give Gateway Baptist Academy permission to administer  
necessary aid. Furthermore, I do not hold Gateway  
Baptist Academy responsible for any harm or injury my  
child incurs during the aforementioned field trip.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**THIS IS A LEGAL DOCUMENT**