



Springs Adventist Academy

2018-2019 Field Trip Permission Form

I hereby give permission for my child(ren) to attend all field trips with Springs Adventist Academy (SAA) within the greater Colorado Springs area during the school year. I further agree that in the event of injury or accidental death, I will not hold the school or its personnel liable beyond that coverage provided by the school accident insurance policy when reasonable care and supervision has been provided.

The principal and/or school board chair will approve all field trips prior to the event as voted by the SAA School Board. I understand that notification and details of any local field trip with SAA will be sent home in a note with my child(ren) prior to the scheduled event.

Parent/Guardian Signature: _____ Date: _____

List Student(s) Name(s):

I would like to drive on field trips. Y N (Circle One)

Briefly describe your availability.
