

FOX VALLEY CHRISTIAN ACADEMY

FIELD TRIP OFFICIAL WAIVER FORM

- Yes, I would like to be a chaperone

I hereby give consent for my child _____
to participate in the field trip to _____ which
will take place on _____ .

I waive and release all rights and claims for damage whatsoever they may be, especially against Fox Valley Christian Academy/Calvary Bible Church or any of its staff or board members.

In case of medical and/or surgical emergency, I hereby give permission to the physician/hospital selected by Fox Valley Christian Academy administration to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child named above.

Parental Signature

Date