



Field Trip Permission Release

As a parent/guardian of _____,
(Student's name)

I give permission for my child to participate in any and all authorized field trips that Logos staff members deem necessary within the academic year.

Allergies: _____

In the event that my child may need any medical attention or assistance, I give Logos permission to administer necessary aid. Furthermore, I do not hold Logos responsible for any harm or injury my child incurs during the aforementioned field trip.

Emergency Waiver

In case of emergency Logos has my permission to contact the persons listed below.

1) Contact name: _____ Phone: _____

Relationship to student: _____

2) Contact name: _____ Phone: _____

Relationship to student: _____

3) Contact name: _____ Phone: _____

Relationship to student: _____

Parent/Guardian Signature

Date