

PERMISSION SLIP

LOMA LINDA ACADEMY

10656 Anderson St.
Loma Linda, CA 92354
Telephone (909) 796-0161



Event: _____
Place: _____
Date: _____ **Cost:** _____
Load Bus at: _____ **Return to LLA:** _____

I hereby give permission for my son or daughter: _____

Student Name

to attend the _____ to _____ in _____ on _____.
(event) (location) (city) (date)

Parent Signature

In the event of sudden illness or accident requiring attention, I hereby authorize Loma Linda Academy to administer first aid, and if necessary, take my child for emergency treatment to any qualified emergency care center.

Please list any specific medical needs: _____

I approve the following to be administered to my child on an as needed basis: All: ___ None: ___ Only those checked: ___

Tylenol Advil Sudafed Tums Benadryl Robitussin cough syrup

Parent Signature

Release and Assumption of Risk

I agree to release and hold harmless Loma Linda Academy and Southeastern California Conference of Seventh-day Adventists from any liability arising from any accident or injury occurring during my participation in the [insert school-sponsored activity/trip] on [insert date of event]. This does not waive coverage within the policy limits of student accident insurance which covers school sponsored activities. I acknowledge that my participation in this activity is voluntary and agree to assume all the risks associated with my participation in this activity, which may include a risk of injury or death.

Student's Signature & Date

Parent's Signature & Date

Print Student's Name

Print Parent's Name

Student's Cell Number

Parent's Cell Number

Permission slip and payment due on: _____ to: _____

- Yes, I can drive for this field trip and have seatbelts for _____ # of students.
- I cannot drive but would like to go if there is enough transportation.
- Yes, the school has a copy of my driver's license, insurance verification, and driver information form on file for the CURRENT school year. (Drivers)
- No, I have not completed the driver information form (including a copy of my driver's license and insurance verification) I will come into the elementary office at least 3 weeks before the field trip and complete the necessary forms.
- I can go on the bus as a chaperone.
- I understand that this is a campus event, and no transportation will be necessary.
- Sorry, I will not be able to attend this field trip.

BECAUSE THE RESPONSIBILITY OF BEING A CHAPERONE DEMANDS THE FULL ATTENTION OF THE PARENT, SIBLINGS WILL NOT BE ALLOWED TO ACCOMPANY US ON ANY FIELD TRIPS OR RECREATIONAL TRIPS THROUGHOUT THE SCHOOL YEAR. PLEASE FEEL FREE TO CONTACT THE ELEMENTARY OFFICE IF YOU HAVE ANY QUESTIONS.
ALSO, SCHOOL LIABILITY INSURANCE DOES NOT COVER PARENT DRIVERS WHO TAKE STUDENTS TO LOCATION OUTSIDE OF THE ADDRESSES COVERED ON THIS PERMISSION SLIP. PLEASE DO NOT STOP AT ANY OTHER PLACE EN ROUTE TO AND FROM THE EVENT.

SIGNATURE OF PARENT/GUARDIAN

DATE