



1494 Plaza Place  
Springdale, AR 72764  
Office: 479-756-5077  
Fax: 479-927-2763  
[info@afterschoolprog.com](mailto:info@afterschoolprog.com)

## Field Trip Permission Form

Field trips will be a part of The Summer School Program. We will be transporting the children by a privately owned school bus, and this form will cover all field trips that your child will participate in this year.

I, \_\_\_\_\_, the parent or guardians of  
\_\_\_\_\_, authorize The After

School Program to take my child on all field trips taken during the spring/summer of 2020.

**AUTHORIZATION TO TREAT MINOR:** In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by The After School Program staff to secure proper, and immediate treatment for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

I certify that I am aware of the inherent risks associated with off campus field trips. In consideration of my child's participation in these trips, I agree that The After School Program, and/or its employees; will not be responsible for any accident however caused. I hereby release the above parties from all claims, liabilities, and/or damages that may arise as a result of such accident or loss.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_