



NEWEDGEACADEMY.COM

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## FIELD TRIP PERMISSION FORM (DAY TRIPS ONLY)

I, \_\_\_\_\_ (print name of parent/guardian ) understand that NewEdge Academy requires written permission for each student who attends a NewEdge activity "at a different time OR place from his/her regular class meeting time and place." Accordingly, I give my permission for my child \_\_\_\_\_ (print name of child/ children) to participate in a field trip to \_\_\_\_\_ (location of field trip) that will take place on \_\_\_\_\_. (date).

I further understand that the teacher \_\_\_\_\_ (print name of teacher ) will send me details such as time of departure and return, destination of trip, any additional cost and equipment needed for each individual trip the class takes.

I hereby release all liability for NewEdge Academy and the teachers of said center, and consent to any emergency x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for my child under the supervision of and as deemed advisable by a physician licensed under the Medical Practice Act. It is understood that this authority is given in advance of the need for any diagnosis, treatment or hospital care.

Medical/allergy information you should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian daytime phone:

\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\*Parent or guardian, keep a copy of the permission slip for your records.