



OAKWOOD ADVENTIST ACADEMY  
Field Trip Permission Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Departure:

Time of Departure:

Date of Return:

Time of Return:

**Cost Per Student:**

**\*Fees paid are non-refundable.**

My child, \_\_\_\_\_ has permission to participate in

\_\_\_\_\_

Chaperones attending are: ***Those parents who have SCC background clearance and have communicated with the teacher and have been confirmed.***

**MEDICAL INFORMATION**

In case of emergency:

Contact Person : \_\_\_\_\_

Phone Number(s) : \_\_\_\_\_

Special Instructions \_\_\_\_\_

Does the child have any known allergies? Yes \_\_\_\_ No \_\_\_\_

If yes, what are they? \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN**

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

Parent/Guardian Phone: \_\_\_\_\_