



I give my permission for		to attend the field trip to
		I hereby absolve Emmanuel Christian School,
school employees, school ac	dministration, scho	ol board members, and any volunteers acting as representatives
of the school while on the trip	o from all liability fo	or injury and/or death as a result of an accident to myself or my
child while on the trip. I also	understand that m	ny child is still under the direction of the school and school rules
will still be in effect even if th	e field trip extends	outside the regular school hours. If I remove my child from the
trip, I must first inform the trip	o leader and sign r	my child out of the care of ECS and its representatives.
Parent/Guardian Signature _		
		ANUEL FIELD DAY CHOOL
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		ol board members, and any volunteers acting as representatives
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Parent/Guardian Signature \_\_\_\_\_ Date

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