



# TACOMA BAPTIST SCHOOLS

## FIELD TRIP PARENT/GUARDIAN CONSENT FORM + LIABILITY WAIVER

\_\_\_\_\_ is a student at Tacoma Baptist Schools that plans to attend \_\_\_\_\_.

This event is planned for \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Food: \_\_\_\_\_

Attire: \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Notes:

### Parent/Guardian Consent and Agreement

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Tacoma Baptist Schools, its officers, directors and agents, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the corporation of Tacoma Baptist Schools, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

I, \_\_\_\_\_ (name parent/guardian), grant permission for my child, \_\_\_\_\_ to participate in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Tacoma Baptist Schools. I also understand that the school will provide transportation, and I give permission for the school to transport my child.

### Medical Matters + Emergency Medical Treatment

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, the school will attempt to contact me at the number provided below. In the event the school is unable to contact me, please contact the following individual :

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Emergency #

\_\_\_\_\_  
Date

Note: For students who require medications during the trip, please be certain to contact the school office to ensure that all appropriate documentation is completed per school policy.