



# Memorial Christian School & Daycare

4905 South Highway 16 | Rapid City, SD 57701

## FIELD TRIP AUTHORIZATION

CHILD'S NAME: \_\_\_\_\_

I grant permission for my child to participate in all field trips sponsored by Memorial Christian School for educational and/or recreational purposes.

I will not hold Memorial Christian School, its employees, or its Board of Education liable in case of accident, injury or death to my child while on, en route to, or returning home from a field trip.

In the event I wish to deny permission for my child to go on a particular trip, it will be my responsibility to provide the school with a written notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEDICAL AUTHORIZATION

I give permission to take any or all of my children under care to the doctor or to the emergency room of the hospital in an emergency if I cannot be reached.

Signature of parent or guardian does give permission as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date