



Field Trip Permission Form

One Form per BCA Student is required. Do Not Cut This Form! Field Trip # _____

I hereby grant permission for my child, _____, to go on the Class Field Trip to _____ on _____ Date.

We will leave BCA at _____ o'clock, and return to BCA at _____ o'clock. (Teacher Contact: _____)

The cost of this field trip is \$ _____ for students, \$ _____ for Adults, \$ _____ for Siblings.

Bus Transportation (Will / Will Not) be available for this field trip. Students Grade: _____

Teacher's Special Instructions: _____

Emergency Contact (Name & Address): _____

Home Phone: _____ Cell Phone: _____

In the event I cannot be reached, I authorize Broadfording Christian Academy to make emergency medical care decisions on behalf of my child named above. I understand that Broadfording Christian Academy will not be responsible for any medical expenses incurred if medical attention is obtained. I hereby release, discharge and waive all claims and causes of action against all BCA staff, as well as the school itself from any damages or injuries that might be incurred during participation in the above activities, or during transportation to and from these activities.

Please List any Allergies, Medications, or Special Conditions:

- My child will Not be going on this field trip.
- I am willing to serve as a chaperone for this trip, riding the bus with the children if a bus is used.
- I am willing to chaperone & drive for this trip and can accommodate _____ passengers. (If no Bus)
- I will be attending this field trip but driving my vehicle. This BCA Student will ride with me.
- I give my permission for my child to ride with a teacher-selected parent or BCA staff member as a passenger on this trip if a school bus or van is not available.

_____ Student (above) if attending. _____ # of siblings attending (not enrolled at BCA). _____ # of Adults attending.

\$ _____ TOTAL TO BE BILLED TO YOUR ACCOUNT. Teachers are not to accept payments.

Your BCA account will be billed for the number of participating children and adults listed here. As per your statement you will have 30 days to pay this amount and then it will be subject to finance charges of \$25.00/month that the bill remains unpaid. Payments may be made during regular business hours at the Finance Office or mailed to BCA.

Please put the Field Trip Number (Top Right) on your check. My signature here shows my consent for my child to attend this event, be treated in an emergency and for my account to be billed as stated in the above paragraphs.

Parent Signature: _____ Date: _____

Relationship with Christ – Equipping for Service – Actively Engaging the Culture – Life Long Learning