

**BREVARD ACADEMY
FIELD TRIP PERMISSION**

_____ has my permission to attend the following field trip or event offered by Brevard Academy: _____

This trip or event will take place on _____ (date).

I understand that my child will be transported by a teacher or parent volunteer whose field trip driver form is on file in the office.

- _____ Chartered bus with a company driver.
- _____ Chartered activity bus with licensed school bus driver.
- _____ Passenger van driven by its owner _____.
- _____ Passenger van driven by licensed school bus driver.
- _____ Rented mini vans driven by _____.

Furthermore, I give permission to the school staff and a chaperone to seek medical treatment should such be necessary. Please note insurance information and any known physical limitation or allergies, which might restrict participation.

Signature: _____

Date: _____

EMERGENCY PHONE NUMBERS:

- _____ Name: _____
- _____ Name: _____
- _____ Name: _____

INSURANCE CARRIER / NUMBER:
