

# ՃԱԲՕՏԿԱ ԱՂՅՕԾԱԲՈՂ

## LOCAL FIELD TRIP PERMISSION SLIP

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to **ՃԱԲՕՏԿԱ ԱՂՅՕԾԱԲՈՂ** to take my student on a field trip within the local vicinity at any time during the 2018 – 2019 Academic Year and authorize my student to take part in all normal activities conducted by **ՃԱԲՕՏԿԱ ԱՂՅՕԾԱԲՈՂ**.

I agree that while precautions will be taken to keep each student injury free, I understand that accidents do happen and accept full responsibility for any costs related to any accident or injury.

I authorize emergency medical treatment for my child in the event of accident or illness during the field trip.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Phone number

The undersigned understands and accepts the risks associated with a trip or activity of this nature and assumes all responsibility for the liabilities due to the undersigned student's behavior or conduct.

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

\_\_\_\_\_  
Date