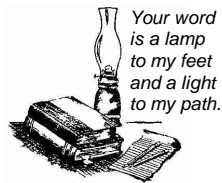


Milford Christian Academy

273 Elm Street, Milford, NH 03055
Phone 603-673-9324, fax 603-672-4539
www.milfordchristianacademy.org
milfordchristianacademy@comcast.net



Member, Association of Christian Schools International

Learning to live for something greater !

Milford Christian Academy Field Trip Permission Form

I, _____, am the parent or guardian of
Parent/Guardian Printed Name

_____, a minor, who desires to participate in the following
Student Printed Name

school activity: _____ happening at

(location) _____ on _____
Date(s) of Activity

The cost of the trip will be \$ _____ .

I acknowledge that I have been informed of the activity and the provisions for my child's involvement, and I consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by Milford Christian Academy, I release and hold harmless Milford Christian Academy, its agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

In witness whereof, I have signed this document on the _____ day of _____, _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Student Signature (if 18/older)

Student Printed Name (if 18/older)

Street Address City State Zip

Telephone Number

Cell Phone # MOM

Cell Phone # DAD

Please complete a separate permission form for each child participating in this event.