EPISCOPAL DAY SCHOOL 2018-2019

Field Trip Transportation Authorization

Child's Name:	Date of Birth:
This serves as written acknowledgement be making special transportation arr volunteers, bus, or walking) for field trips.	
Field Trip Transportation Authorization:	
I am the parent or legal guardian of t permission for my child, who is enrolled walk to and from the school or to be trans from the school during field trips or other	at Holy Trinity Episcopal Day School, to ported by staff and/or volunteers to and
I will provide an approved child restraint for travel in a vehicle or bus on the field to conform to current state law. I will be restraint device is securely installed into the and realize that may require my presence	trip dates. All children will be restrained responsible for ensuring that my child's ne designated vehicle on field trip dates
I will inform the teacher or director if my or realize that there will be no school during	
I hereby release and agree to indemnif Trinity Episcopal Day School, Episcopal E Trinity Episcopal Church of Clemson, Soc agents harmless from and against a judgments, expenses, costs, damages, whatsoever arising out of or in connection my child.	Day School Board of Directors, and Holy oth Carolina, employees, members and ny and all claims, liabilities, actions, and injuries of any kind and nature
Parent's/Guardian's Printed Name:	
Parent's/Guardian's Signature:	Date: