



CROSSPOINT
A C A D E M Y

Student Excursion Permit

I, _____ hereby permit: _____ to
(Print Parent's Name) (Print Student's Name)

participate in the off campus activity to: ElectroImpact Inc. on the date of: Wed 11/2/2011
(Mukilteo WA)

I represent that I am the parent or authorized legal guardian (the "Parent") of the above named Student and have legal authority to permit the Student to participate in this event.

Parent agrees to direct the Student to cooperate and obey the directions and instructions of the supervisory school personnel in charge of the excursion. Should it be necessary for the Student to receive medical treatment while participating in this trip, the school shall make reasonable efforts to reach Parent by phone. If contact cannot be made, Parent hereby gives school personnel permission to use their judgment in obtaining medical care for the Student including, but not limited to, emergency services, medical treatment by a physician, or hospitalization.

Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Student.

Parent releases and agrees to hold harmless, defend and indemnify CRISTA Ministries, its directors, officers, employees, and agents, from and against all claims for personal injury, property damage, and/or wrongful death that the Student or Parent may suffer as a result of either's participation in the named activity.

_____ Parent, the undersigned, has read and agrees to all of the sections of the Student Excursion Permit, and hereby **DOES** give permission for the student named above to participate in the stated activity utilizing school authorized transportation.

_____ Parent, **DOES NOT** give permission for the student named above to participate in the stated activity.

Parent or Guardian Signature (on behalf of the marital community)

Date

Home Phone

Cell Phone

In case we cannot reach you, please provide alternative emergency contact information for your Student below.

Emergency Contact Name

Emergency Contact Phone

Please provide any additional relevant medical information about your student (allergies, medications, etc.)

