



# Greater Atlanta Adventist Academy

401 Hamilton E. Holmes Drive N.W.  
Atlanta, Georgia 30318

## FIELD TRIP PERMISSION FORM

(Parents: Please fill out one of these for each child attending GAAA)

I hereby give permission for my child \_\_\_\_\_ to participate on day field trips via school bus, van or authorized automobile during the school year. I must send written documentation if my child will not be participating on any particular trip.

I further expressly agree that in the event of disciplinary action or if the health of my child makes it necessary at the discretion of the sponsor(s), my child may be forthwith returned home at my expense. I understand that the student accident insurance carried by the South Atlantic Conference of Seventh-day Adventist is in force for this field trip and assume financial responsibility for any medical or dental expense incurred over and above that covered by the student accident policy.

I also consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child under the general or special instructions of my doctor or any physician the school organization my call whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed on the school's application before any other physician is called by the school or other organization unless it is determined the situation is life or death.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize the principal/teacher or the physician to exercise their best judgment as to the requirements of such diagnosis of treatment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date