

BEST Field Trip Permission Form 2022-2023



Legal Name _____ Date of Birth _____
Last First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Grade _____

This permission form will apply to BEST sponsored trips for the current school year.

Initials _____ My student has a current BEST Emergency-Medical Form on file with BEST Skills Academy. If any information changes during the school year, I will inform BEST.

I give my consent for my student to go on BEST sponsored trips, and I give permission for my student to take part in any related activities. I understand and agree that BEST and their respective employees, agents, successors and/or assigns are not liable for any accident or injury that may take place during such trip or activity.

I authorize the sponsors of BEST trips to act for me according to their best judgment in any emergency requiring medical attention. I understand that BEST Skills Academy is not responsible for any expense incurred because of an injury or illness.

Parent Signature

Date
