

BEST Field Trip Permission Form 2025-2026



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

Grade _____

This permission form will be applicable to any BEST-sponsored trips for the 2025-2026 academic year.

Initials _____ I confirm that my student's Emergency-Medical Form is currently on file with BEST Skills Academy. In the event of any changes to the information provided, I will notify BEST immediately to ensure that their records are up-to-date.

By signing this consent form, I authorize my student to participate in BEST-sponsored trips and related activities. I fully understand and agree that BEST, as well as its staff, agents, successors, and/or assigns, cannot be held liable for any accidents or injuries that may occur during such trips or activities.

I also authorize the sponsors of BEST trips to act on my behalf and according to their best judgment in any emergency requiring medical attention. I acknowledge that BEST Skills Academy is not responsible for any expenses incurred due to illness or injury.

Parent Signature

Date
