



**FIELDS TRIPS**  
**PARENTAL/GUARDIAN CONSENT FORM**  
**AND LIABILITY WAIVER**

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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I, \_\_\_\_\_, (parent/legal guardian) grant permission for my student(s) to participate in all field trips for Kalon Prep Academy.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my student.

I agree on behalf of myself and my student(s) that Kalon Prep Academy is not responsible for any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my student attending the event or in connection with any illness or injury or cost of medical treatment.

\_\_\_\_\_  
Parent Signature Phone Date

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my student to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above number, please contact:

\_\_\_\_\_  
Emergency Contact First/Last Name Phone

\_\_\_\_\_  
Emergency Contact First/Last Name Phone