

CALVARY
CHRISTIAN SCHOOL

3639 S. Keystone Ave
Indianapolis, IN 46227
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Go2CCS.org



CCS Field Trip Parent Permission Note

Date of Trip: _____

Field Trip Location/Event: _____

Teacher in Charge of Trip: _____

Cost: _____

Form of Transportation: _____

Permission Note

I/we the parent/guardian of the below named student, hereby give my/our approval to his/her participation in the field trip to _____ on _____ including any and all risks and hazards incidental to such permission. I/we do hereby agree to hold harmless the organizers, supervisors, chaperones, and anyone connected with Calvary Christian School, Calvary Christian High School, or Calvary Tabernacle Church for any claim arising for an injury or harm to my/our child or children.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Daytime Phone#: _____

Second Daytime Phone: _____