

Field Trip Permission & Medical Release Form

Chandler Christian School
301 N. Hartford
Chandler, Arizona 85225
Phone (480) 963-0748

Student's Name: _____ has my permission to

Participate in: _____

at: _____
(place)

(address)

on: _____
(date)

Parent's Signature: _____

Emergency Phone Numbers: (1) _____ (2) _____

My signature on this form gives permission to any hospital or doctor to render immediate emergency aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.