

# ATO ACADEMY ANNUAL FIELD TRIP PERMISSION SLIP

For the 2024-2025 Academic Year

Student Name(s) \_\_\_\_\_ Grade (s) \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_  
to do the following:

## **PLEASE INITIAL ALL THAT APPLY:**

\_\_\_\_ Attend all field trips throughout the current school year under the supervision of a teacher and volunteers who have been approved by ATO Academy School Administration. I will receive an email from my student's learning guide with detailed information about each event.

***If I DO NOT want my student to attend a particular event, I must notify the learning guide before the day of departure.***

\_\_\_\_ Participate in walking field trips.

\_\_\_\_ Be transported by a Volunteer Driver or Bus/Van to the proposed field trips.

\_\_\_\_ As the Parent/Guardian of the above named student, I agree to read each field trip itinerary and understand that there are risks of physical injury associated with participation in these activities and may be additional waivers to complete online.

\_\_\_\_ I authorize qualified emergency medical professionals to examine and, in the event of a serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any treatment. I accept full financial responsibility for transport and medical services because of an accident, illness, injury, and/or unforeseen circumstances.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_