

Flight Academy

Field Trip & Off-Campus Activity Permission

Literacy & Mental Wellness
Microschool

STUDENT FULL NAME

Grade

School Year

ABOUT FIELD TRIPS & OFF-CAMPUS ACTIVITIES

Throughout the school year, Flight Academy may organize field trips, nature walks, community outings, and other off-campus learning experiences. These activities are carefully planned to extend classroom learning and provide students with real-world connections to our curriculum.

This is a blanket permission form. By signing below, you are granting permission for your child to participate in all school-organized off-campus activities for the duration of the school year. You will receive advance notice of each trip, including the date, destination, and any special requirements. If you wish to exclude your child from a specific trip, simply notify the school in writing before the trip date.

TYPES OF ACTIVITIES

Off-campus activities may include but are not limited to:

- Educational field trips to museums, libraries, nature centers, and community organizations
- Nature walks and outdoor exploration at local parks and trails
- Community service and volunteer activities
- Special events, performances, and assemblies at nearby venues
- End-of-year or seasonal celebrations held off-campus

TRANSPORTATION

Please indicate your consent for the following transportation methods:

- I give permission for my child to travel by school-arranged transportation (school vehicle, chartered bus, or approved van).
- I give permission for my child to travel in a private vehicle driven by a Flight Academy staff member when school transportation is not available.
- I **do** give permission for my child to travel by private vehicle. I will provide transportation to and from off-campus activities.
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EMERGENCY MEDICAL AUTHORIZATION

In the event of a medical emergency during an off-campus activity, I authorize Flight Academy staff to seek emergency medical treatment for my child if I or my designated emergency contacts cannot be reached. I understand that Flight Academy will make every effort to contact me first.

PREFERRED HOSPITAL (IF ANY)

HEALTH INSURANCE PROVIDER

POLICY NUMBER

LIABILITY ACKNOWLEDGMENT

I understand that off-campus activities involve inherent risks beyond those present in regular school activities. I acknowledge the following:

- I understand that Flight Academy will provide appropriate supervision during all off-campus activities.
- I agree to ensure my child follows all safety instructions provided by Flight Academy staff and trip chaperones.
- I understand that my child is expected to follow the same behavioral expectations on field trips as they do at school.
- I understand that if my child's behavior poses a safety risk during a trip, I may be called to pick them up.

SPECIAL CONSIDERATIONS

ARE THERE ANY ACTIVITIES, ENVIRONMENTS, OR SITUATIONS YOUR CHILD SHOULD AVOID? (E.G., WATER ACTIVITIES, CERTAIN ANIMALS, EXCESSIVE HEAT)

By signing below, I grant permission for my child to participate in all school-organized field trips and off-campus activities for the current school year. I have read and understand the transportation, emergency medical, and liability terms outlined above.

PARENT/GUARDIAN SIGNATURE *

Date *

PARENT/GUARDIAN PRINTED NAME *

EMERGENCY PHONE NUMBER