



FIELD TRIP AUTHORIZATION FORM

I give permission for my child, _____, to participate in all field trips and activities with other students of Dadeville Christian Academy.

I understand and agree that by allowing my child to take part in these trips and activities, I release Dadeville Christian Academy, its staff, sponsors, and any volunteers who transport my child from any responsibility or liability for any accidents, injuries, or damages that may occur during these trips or activities.

Signature of Parent/Guardian

Date

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