

PORTLAND ADVENTIST ELEMENTARY SCHOOL

3990 NW First Street Gresham, Oregon 97030

2017-2018

FIELD TRIP AUTHORIZATION

We would like to have our child, _____, attend all school field trips.

We recognize that the teachers and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

Parent/ Guardian

Signature: _____

Date: _____