GSL HIGH SCHOOL

Annual Field Trip & Off-Campus Activity Permission Form

School Year: 2026-2027

STUDENT INFORMATION

Student Full Name: _____

Grade: _____ Date of Birth: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

MEDICAL INFORMATION

Allergies: _____

Medical Conditions: _____

Medications: _____

BLANKET PERMISSION

☐ I give permission for my child to participate in **all school-sponsored field trips and off-campus activities** during the school year listed above.

TRANSPORTATION AUTHORIZATION

☐ School Van
☐ Staff/Approved Driver Vehicles
☐ Walking (when applicable)

MEDICAL AUTHORIZATION

☐ I authorize school personnel to obtain emergency medical care if necessary.

PHOTO / MEDIA RELEASE

☐ YES – I give permission
☐ NO – I do not give permission

LIABILITY ACKNOWLEDGMENT

I understand that participation in school activities involves inherent risks. I voluntarily assume these risks and agree to release and hold harmless GSL High School, its staff, and volunteers from claims arising from ordinary participation.

STUDENT CONDUCT

☐ I understand my child must follow all school rules during activities.

SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____