

**BURTON ADVENTIST ACADEMY**  
**4611 Kelly Elliott Road**  
**Arlington, Texas 76017**  
**(817) 572-0081**

**PARENTAL CONSENT FOR FIELD TRIPS**

This is to certify that \_\_\_\_\_ (student's full name) has my permission to go on **all** school-sponsored field trips during the current school year. I understand that this includes all school-sponsored field trips on foot and also by school/faculty transportation.

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. I further expressly agree that in the event of disciplinary action, or if the health of my child or ward makes it necessary at the discretion of the sponsors, my child or ward may be forthwith returned home at my expense. I understand that the student accident insurance carried by Burton Adventist Academy is in force for this field trip, and I assume financial responsibility for any medical or dental expense incurred over and above that covered by the student accident insurance.

It is understood and agreed that Burton Adventist Academy and the teacher/administrator in charge shall exercise reasonable care and precautions to make these trips as safe as possible. Responsibility beyond this cannot be assumed by the teacher or the school.

Specific information regarding field trips will be sent home or posted on the school web site prior to the individual field trip. I understand that it is my responsibility to keep the school informed of any changes in contact or medical information.

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Parent/Guardian Signature

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Date