



INTERMOUNTAIN
ADVENTIST
ACADEMY
Grand Junction Colorado

Where Character and Intellect Walk Hand in Hand.

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LOCAL FIELD TRIPS PERMISSION SLIP

_____ Has my permission to go on local school field trips during the
(Child's Name)
2017-2018 school year. He/She is in good physical condition at present and has had no serious illnesses or surgeries since the last health examination. I shall make sure that he/she does not attend if he/she is not feeling well. I understand that I will be notified of every field trip with a note sent home. I also understand that I will be notified if there is any cost for a field trip. In the event of an emergency, I may be reached at _____. If I cannot be reached, please notify _____ at _____.

person to notify and telephone number

Signature of Legal Guardian

Date