



黎明中文學校 *The Li-Ming Chinese Academy*

P. O. Box 10663, Rockville, MD 20849-0663 (301) 762-5718

<http://www.li-ming.org>

FIELD TRIP PERMISSION SLIP

Teacher/Lead Parent of the Trip _____ Grade _____

Student's Name _____

Trip Date: _____ Destination _____

Activity _____

Transportation by: Private Car/Metro

Departure Time _____ Place _____

Return Time _____ Place _____

Emergency Contact _____ Phone # _____

I, as parent/legal guardian of the student named above, give permission for the named student to be transported in the manner described above and/or to participate in the above-described activity.

I release the Li-Ming Chinese Academy and its staff and volunteers from any liability and claims in connection with the described activity.

本人同意上述學生參加此項活動，如發生任何相關事故，本人放棄對黎明中文學校及其教、職員及義工責任的追究與賠償要求。

Signature of Parent/Legal Guardian

父、母或監護人簽名

Date

簽名日期