

GRAY STONE DAY SCHOOL
SENIOR TRIP MARCH 26-28, 2024
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Student's Name: _____ Date of Birth _____

Parent/Guardian's Name: _____

Parent/Guardian Cell Phone: _____ Student Cell Phone: _____

Parent Email: _____

I, (Parent/Guardian) _____ grant permission for my child, (Child's Name) _____, to participate in this overnight field trip that requires transportation to Charleston S.C. This activity will take place under the guidance and direction of employees/chaperones from Gray Stone Day School. I understand this is an overnight trip and my child is expected to follow all GSDS rules and policies for the duration of this trip and agree to pick up my child if deemed necessary by GSDS Administration or the GSDS Faculty Sponsor. I also understand a refund will not be given if my child is asked to leave the trip early due to a rules violation and my child may face further disciplinary action up to and including suspension from school based on the nature of the offense.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named participant.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____