

**CORNERSTONE CHRISTIAN SCHOOL**  
**FIELD TRIP RELEASE FORM**

I, \_\_\_\_\_, give permission for my  
child \_\_\_\_\_ to participate on the  
field trip with Cornerstone Christian School on  
\_\_\_\_\_.

I give my consent and authorize the school to obtain  
emergency medical attention for my child in case of an  
emergency .

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Parent/Guardian Signature

Date