



黎明中文學校 *The Li-Ming Chinese Academy*
P. O. Box 10663, Rockville, MD 20849-0663
www.li-ming.org

LI-MING 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 the parent/legal guardian of the child named above, give permission for the named child to be transported in the manner described above and/or to participate in the above-described activity. I release the above-mentioned coordinator(s) 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暨義工的責任追究與賠償要求。

Signature of Parent/Legal Guardian
父、母或監護人簽名

Date
簽名日期