



Institute of Critical Languages & Cultural Exchange, Inc.
 4424 East Catalina Dr. Baton Rouge, LA 70814
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Field Trip Permission Form

Locations: Local Mosque, Synagogue, Greek Orthodox (Lebanese) Church, Arzi's Restaurant, Troy Hotard Art Studio

The undersigned is the parent or legal guardian of

Name of Student _____

grants permission for the student to visit chaperoned excursion sites selected for instructional activities included in the STARTALK Standard Arabic curriculum.

I authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify ICLCE, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to the child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the ICLCE, its agents, representatives, or employees.

Please complete the following:

Emergency Contact (Legal guardian)

Home Phone _____

Work Phone _____

Mobile Phone/Pager _____

Name of Parent or Legal Guardian _____

Insurance Company Provider _____

Policy # _____

Address _____

City State Zip Code

Phone number of Insurance provider _____

(Area Code) Phone Number

Signature of Parent or Guardian _____ Date _____

PLEASE ATTACH A COPY OF INSURANCE CARD TO THIS FORM

