



TRAFTON ACADEMY

Educating Minds, Building Character for Life.

ACTIVITY PERMISSION SLIP

2024-2025

This is to certify that my (son, daughter), _____ has my permission to go on all school associated activities during the school year. It is my understanding that these activities which are being taken under the auspices of Trafton Academy, will be supervised by school faculty, and that a teacher or sponsor will accompany the group. I hereby release Trafton Academy from liability and waive all claims against school authorities individually and collectively from any injuries that might be received during the said destination. The faculty and sponsors have my permission to seek emergency medical treatment if necessary.

Parent or Guardian

Date