

FIELD TRIP PERMISSION SLIP

I understand that from time to time my child_____, grade _____, may have an opportunity to participate in trips that will take him/her away from the church. I understand that these trips will be under the direct supervision of a teacher or staff of First-Plymouth Church and that my child will be walking or riding in a personal vehicle.

I request that my son/daughter be allowed to attend such field trips.

I also authorize any medical treatment, and/or transportation, 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 First-Plymouth Church, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the church, or its agents, representatives, or employees.

Please complete the following:

Emergency contact telephone numbers:

Parents/Guardians Names: _____

Cell Phone: _____

Home Phone: _____

Medical or physical condition:

List any medical or physical conditions the trip supervisors should be aware of here to assure all participants have a safe and orderly trip:

Condition: _____

Medication: _____

Dosage: _____

Name of Physician:_____ Tel # _____

Other needs:

Date: _____

Signature: _____

(Parent/Legal Guardian)