

CENTRAL CONGREGATIONAL CHURCH, UCC

One Worthen Street P.O. Box 339
Chelmsford, MA 01824
Phone 978-256-5931 Fax 978-250-3565

FIELD TRIP/OVERNIGHT ACTIVITY CONSENT FORM

Activity _____ Date(s) and start/finish time of activity _____

Drop-off area for departure/ Pick-up area for return _____

Leaders/Chaperones _____

Method of transportation _____ Cost _____ Other money needed _____

Additional information _____

Parent/guardian's name _____ Home phone _____

Address _____

Work phone _____ Other phone/pager: _____

Emergency contact _____ Phone _____

Do we have a **Medical Release Form** not more than one year old on file for your son/daughter?

____ Yes ____ No

If ``no" please submit one.

Special Instructions _____

If this is an overnight event, sleeping arrangements will be in compliance with the CCC Safe Church Policy, and there will be sufficient adult supervision based upon the number and gender of participants. Only adult drivers will be used.

I give my son/daughter _____ permission to participate in the activity described in this consent form.

Parent/guardian's signature

Date

I agree to abide by the rules that have been established for this activity by the group leaders and by Central Congregational Church of Chelmsford. In particular, I agree to cooperate with my group leaders and chaperones, and behave in a way that reflects well on my family and my church. I will not engage in any prohibited activities such as smoking, drinking of alcohol; or improper language, physical, or sexual activity. I understand that only adults may drive during youth activities, and I agree not to leave the activity and/or activity site without express permission of the group leader.

Youth's signature

Date