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Evangelizing the Lost  
While **Edifying** and **Equipping** Believers  
Until **Jesus** Comes

## FIELD TRIP PERMISSION

**Leader Copy** (Complete and return to your child's leader)

I give my permission for my child (name)

\_\_\_\_\_

To attend the field trip to (location)

\_\_\_\_\_

On (date and time) \_\_\_\_\_

Allergies \_\_\_\_\_

Restrictions \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Other instructions \_\_\_\_\_

In case of an emergency, I give permission for my child to receive medical treatment:

**Yes / No**

Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

