

FIELD TRIP AND CHURCH RELATED PERMISSION FORM

Date of Excursion: _____ Time: _____
Purpose: _____ Transportation: _____
Destination: _____
Cost per person: _____
Supervising Teacher or Staff Member: _____

Permission of parent or legal guardian:

I hereby give my consent for my child _____
to attend the above described field trip/activity. I agree that in the event of an
emergency, a physician may treat the above child. I further agree that on behalf
of myself, my heirs, my personal representatives, my assigns, and the minor
child waive and release any and all claims against North Shore Christian
Fellowship and its employees/volunteers, both in their professional and personal
capacities for any and all injuries, losses or damages connected with or arising
out of participation in this field trip/activity.

I have read and I understand the content of this statement; I understand the
nature of this statement as contractual; I have had an opportunity to ask
questions about this statement; and I have executed this statement as my own
free act.

EMERGENCY INFORMATION:

Please name allergies or illnesses/injuries that the person in charge should be
aware of: _____

If your child is allergic to any type of medication, please list:

Home phone number: _____
Mother's place of work: _____ Business phone: _____
Father's place of work: _____ Business phone: _____

Signature of Parent/Guardian Date

FOR CHURCH USE ONLY

