

Your child's class will be attending a field trip to: \_\_\_\_\_

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Cost</i>			
<i>Transportation</i>	Children will ride on the bus or with a licensed adult. We will check with you when dropping off your child and write in the name of the driver you give your child permission to ride with.		
<i>Notes</i>	If you plan to drive your child or children please note that on the permission slip below.		

Please return this permission slip by: \_\_\_\_\_

I give permission for my child(ren): _____ to attend the field trip to _____ on _____ from _____ to _____	Participating in: _____
Please fill out one: I give my child(ren): _____	Permission to ride on the bus and/or vehicle with: _____
<p><b>Consent and Certification</b></p> <p>I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the following activity conducted by Summerville Baptist Church:                  _____</p> <p>I certify that my child is physically fit and adequately prepared to participate in this event.</p>	
<p><b>Medical Treatment Authorization</b></p> <p>I understand that I will be notified in the case of a medical emergency, However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider:                  _____</p> <p>or another adult chaperone designated by the pastor. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.</p> <p>I understand that Summerville Baptist Church will not be responsible for medical expensed incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.</p>	
Name _____	Phone _____
Parent/Guardian Signature _____	Date _____