

San Marino Community Church Family Ministries

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Field Trip Permission Form

Activity for: _____

Date of Activity: _____ Place of Activity: _____

City/Location of Activity: _____

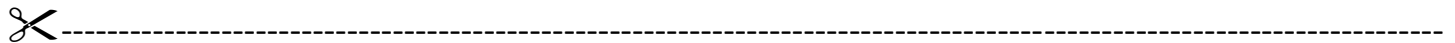
Leaving Church Time: _____ Returning Time: _____

Person(s) in Charge: _____

Phone(s) where person in charge can be reached _____

Please complete the form below, cut it, and send it along with your child.

*Your child WILL NOT be able to attend without a completed permission form!



Permission Form

Participant's Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Allergies or Special Instructions (booster seat needed; parent/guardian will provide ride, etc.):

__ I give permission for my son/daughter to attend the above event. In the event of injury, I release SMCC Church from any claim. I give permission for my son/daughter to ride in any vehicle designated by the adult in charge. I give permission for the person in charge to seek medical services if needed. If you have HMO, please state requirements of that policy on back in order for person in charge to seek medical help.

Parent/Guardian Signature: _____ Date: _____