

Field Trip Permission Slip

Must have a separate slip for EACH CHILD in if children are in same family

Location of the event _____

Cost \$ _____

Child's Name: _____

Address: _____ City: _____ Zip Code _____

Birthdate: _____

Parent Guardian: _____

Work Phone: _____

Cell Phone: _____

Parent Guardian: _____

Work Phone: _____

Cell Phone: _____

Alternate Contact: _____

Phone: _____

Allergies / Drug Allergies: _____

Medications: _____

Physical Limitations: _____

I give permission for my child to attend the scheduled field trip with FUMC Mesquite Academy Kids and travel in the church van and/or private vehicles. If my child becomes ill or is injured and I or my personal physician cannot be reached, I authorize First United Methodist Church Mesquite Academy Kids and its agents to obtain emergency medical treatment and I hereby release the said program and its agents from liability for action taken pursuant of this release.

Parent / Guardian Signature: _____ Date _____