

TRIP PERMISSION SLIP

Parents: Please complete and return as soon as possible.



Child's Name: _____

Activity: _____

Activity Date: _____

Departure Time: _____ a.m./p.m. **Return Time:** _____ a.m./p.m.

Transportation: _____

Sponsor: _____

Cost: \$ _____

My child has my permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the sponsoring institute, Texas Conference of Seventh-day Adventists and sponsors from liability arising from any accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

(Signature of Parent/Guardian)

(Date)

In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):

Mother's Name: _____ Father's Name: _____

Mother Home Phone: _____ Father Home Phone: _____

Mother Work Phone: _____ Father Work Number: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Alternate Emergency Contact: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Coverage Policy: _____

Please check if any of the following apply:

____ My child needs medication. (Parent is required to furnish medication in the original, properly labeled and correctly authorized container.)

____ My child is allergic to insect bites to the extent that he/she needs medical treatment.

____ My child is allergic to (medications or other): _____

____ My child has special dietary requirements which I have indicated on the back of this form.

____ My child has other special conditions you should be aware of, listed on the back of this form.

(Signature of Parent/Guardian)

(Date)