

# PARENTAL PERMISSION FORM

**GRADES:** Student Ministries, Jr. & Sr. High

**DATE:** Friday, July 11, 2014

**NO. OF STUDENTS PER CHAPERONE:** 6

**DESTINATION:** Paulin's pool, 77 Ralph Talbot Street, Weymouth, MA

**TIME:** Drop off at 4pm, pick up by 8pm

**PURPOSE OF TRIP:** Fun and fellowship

**COORDINATOR OF TRIP:** Brian and Judy Violette

**COST OF TRIP** \$0

- OTHER:**
1. Bathing suits must be **modest**, one piece, NO EXCEPTIONS.
  2. Bring a side dish or snack and drinks to share

I give permission for my child \_\_\_\_\_ to participate in the field trip to the above destination on the specified date. I have read carefully the information concerning the trip and agree to all the requirements necessary. I understand that transportation will be provided by me and that I absolve the church from liability to my child because of any injury to him/her during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

**PARENT'S SIGNATURE:** \_\_\_\_\_

**Emergency phone number(s) where parent or guardian can be reached.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**THIS PERMISSION SLIP MUST BE RETURNED BY: July 11, 2014**