**PART 1 - GENERAL INFORMATION**

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| The | College Church High School Sabbath School class | will be taking a trip to: |
|  | *(Class, Club, Group)* |  |
| Salisbury Beach, Massachusetts |
| *(Destination)* |
| Date of event: | Sunday, August 8, 2021 |
| Transportation: | Parent or Selected church members |
|  | *(Type of Transportation)* |
| Arriving: | Sunday, August 8 @ 9 a.m. |
|  | *(Date & Time)* |
| Departing: | Sunday, August 8 @ 4 p.m.  |
|  | *(Date & Time)* |
| Cost of Trip Per child: | $14 per car |
| I give my child, |       | , permission to participate |
|  | *(Student’s Name)* |  |
| in the field trip as described above. |
|  |  |       |
| Signature of Parent/Guardian |  | Date |

Please fill out all information requested in Part 1 and Part 2, and return the form to the appropriate individual at church (for this trip, email your slip to Cameron Loss at cmloss@juno.com

**PART 2 - EMERGENCY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Child: |       | Date of Birth: |       |
| Address: |       | Phone: |       |
| Allergies (if “NONE”, please indicate): |  |
| Is Student presently taking medication? | [ ]  Yes [ ]  No |
| If yes, list medication: |  |
| Does Student have any medical conditions? |  [ ]  Yes [ ]  No |
| If yes, please describe: |  |
|  |
| **EMERGENCY CONTACTS:** |
| Parent/Guardian Name: |       |
| Relationship to Student: |       |
| Day Phone: |       | Evening Phone: |       |
| Parent/Guardian Name: |       |
| Relationship to Student: |       |
| Day Phone: |       | Evening Phone: |       |
| Family Physician: |       | Phone: |       |
| Hospital Preference: |       |
| Insurance Coverage: |       |
| Insurance ID#: |       |
| On rare occasions, a medical emergency arises when we are unable to contact the above-listed Parents/Guardians. Most hospitals frown upon administering any medical care without the consent of the Parent/Guardian. In order that no delay occur that might cause discomfort to your child or endanger his/her life, we request the following permission slip be signed by the Parent/Guardian.I hereby grant permission to the leader of this event to hospitalize and secure proper treatment for my child in case of a medical emergency, provided my child is unable to contact me and, according to the treating Physician’s best professional judgment, as further delay would cause severe discomfort or jeopardize the life of my child. |
| Child’s Name: |       |
| Printed Name of Parent/Guardian: |       |
|  |  |       |
| Signature of Parent/Guardian |  | Date |