

# Field Trip Permission Form

Dear Parent or Guardian,

Your child is going on a few field trips. They will be at Go Fore Pizza either Tuesday July 26th or Wednesday July 27 (depending upon their group placement), Lake Clementia on July 28th, and Stonehouse Park July 29. **Sign and return the permission slip at the bottom of this form by 7/25, 2016.**

Field Trip Information:

Date: Monday July 25th, Tuesday July 26th, Wednesday July 27th, Thursday July 28th, and Friday July 29th.

Location: Rancho Murieta Community Church at 14607 Cantova Way, Rancho Murieta, CA 95683.

Purpose: Attend Submerged Vacation Bible School

Means of Transportation: Church will provide licensed driver and vehicle

Leave Rancho Murieta Community Church: 9:30 am Arrive back at church: 11:30 pm

Church Contact : Carrie Zenker 916-835-7705, or 354-0401 church office

*Save this part of the form for future reference.*

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*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_ has permission to attend the VBS field trips as noted in the Field Trip Information.

\_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I release Rancho Murieta Community Church from all liabilities, including any injury to my child arising from participation in activities. I understand the church will be providing transportation to Go Fore Pizza, Lake Clementia, and Stonehouse Park and back to Rancho Murieta Community Church.

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you child is on a church related activity.

Do you have medical insurance?      Yes      No

If "yes," Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize,, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary."

I give my permission for \_\_\_\_\_ to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_