

# Field Trip Permission Form

Child's Name \_\_\_\_\_

\_\_\_\_\_ **Yes, I give permission for my child to attend the following field trip with Trinity Baptist Children's Ministry on \_\_\_\_\_.**  
(Date)

The field trip is: \_\_\_\_\_

This trip is sponsored by \_\_\_\_\_ of Trinity Baptist.  
I give my permission for my child to ride with leaders on this trip and return to church.

Allergies \_\_\_\_\_ Restrictions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship \_\_\_\_\_

\* \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

(Parent's Signature)

\_\_\_\_\_ **Yes, I am providing a copy of my child's insurance card.**

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