

# 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)