

**Kern United Methodist Church  
Field Trip Permission Slip**

Activity / Event: \_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

Times: From \_\_\_\_\_ To \_\_\_\_\_

Cost: \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Contact Person(s): \_\_\_\_\_

My son/daughter \_\_\_\_\_ has my permission to participate in the Kern United Methodist Church field trip as described above. He/she will abide by the rules that are set forth by the sponsor.

I understand that neither Kern UMC nor the sponsor will be responsible for personal injury to my son/daughter or loss or damage to his/her personal property. I further understand that my signature authorizes emergency medical treatment to be administered, if necessary.

I will also be responsible for the damage to personal property and injury to other people caused by my son/daughter.

Parents Name(s): \_\_\_\_\_

Where we will be during the event (list place and phone numbers): \_\_\_\_\_

\_\_\_\_\_

Emergency Name and Phone Number: \_\_\_\_\_

Physician and Phone Number: \_\_\_\_\_

*If possible, both parents should sign.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_