

**PARENT PERMISSION FORM FOR FIELD TRIPS, TRAVEL ACTIVITIES AND  
TRANSPORTATION FOR ACTIVITIES**

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to: \_\_\_\_\_ on \_\_\_\_\_  
(Date)

We understand that transportation will be by: Church Van/Bus and Personal Cars  
(Mode of transportation)

and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, church-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising staff or volunteers.

We further agree to release and hold harmless Gethsemane Church of Christ, as well as their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgements, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising staff or volunteers to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff or volunteers to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Gethsemane Church of Christ independently for reasons of health, accident, failure to conform to rules established by the staff in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines set forth by Gethsemane Church of Christ staff and volunteers.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Parent or Guardian (signature)

\_\_\_\_\_  
Date

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_