

STUDENT'S NAME _____

FACS ELEMENTARY FIELD TRIP PARENT/GUARDIAN AUTHORIZATION

Dear Parents/Guardians:

In order for children of First Assembly Christian School to participate in planned field trips, it is necessary that we receive a signed statement of permission from the child's parent or guardian. This form should be signed and returned to your child's teacher promptly.

TEACHER: _____

DATE OF FIELD TRIP: _____

LOCATION/S: _____

DEPARTURE TIME: _____ RETURN TIME: _____

AMOUNT OF EXPENSES FOR STUDENT: \$ _____ ADULT: \$ _____

TRANSPORTATION: _____

ATTENTION: DRIVERS

I can furnish transportation for **MY CHILD** and ____ **Additional** students from First Assembly Christian School to the activity(ies) listed on this form. The automobile insurance coverage on my vehicle is adequate protection for myself and passengers riding in the vehicle.

NAME OF AUTOMOBILE INSURANCE COMPANY _____ POLICY # _____

SIGNATURE OF DRIVER _____

DRIVER'S LICENSE NUMBER _____

PARENT/GUARDIAN AUTHORIZATION

All information on following lines must be completed.

I do hereby authorize emergency medical care and will take responsibility for all expenses incurred in an emergency case for
(Child's Name) _____

Health Insurance Company _____

Policy Number _____

Emergency phone number of friend or relative _____ relationship _____

Allergies _____

Medications currently taking _____

Family physician _____

My child is between the ages of 4 & 8 and is under 5' tall. Yes No
If **Yes**, you **MUST** provide a booster seat for your child in order for him/her to go on the field trip. **NO EXCEPTIONS.**

I give my permission for _____ to participate in the above mentioned field trip.

I understand First Assembly Christian School or its employees cannot accept financial liability or responsibility for other adult drivers transporting students nor unpredictable activity at field trip locations listed.

PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE

PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE

ADDRESS

CITY

STATE/ZIP CODE

TELEPHONE NUMBERS: HOME: _____ WORK: _____

Cell (Mother) _____

Cell (Father) _____

Please keep your cell phone ON. We have had (non-emergency) instances where we couldn't reach parents/guardians.