

# 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.

STUDENT'S NAME: \_\_\_\_\_  
TEACHER: \_\_\_\_\_  
DATE OF FIELD TRIP: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DEPARTURE TIME: \_\_\_\_\_  
RETURN TIME: \_\_\_\_\_  
AMOUNT OF EXPENSES FOR STUDENT: \$ \_\_\_\_\_  
TRANSPORTATION: \_\_\_\_\_

## ATTENTION: DRIVERS

I am planning to furnish transportation for \_\_\_\_\_ students from First Assembly Christian School to the activity listed on this form. The automobile insurance coverage on my vehicle is adequate protection for myself and the 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 \_\_\_\_\_

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.

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.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 so you can be reached in case of an emergency.