

**FACS FIELD TRIP  
PARENT/GUARDIAN AUTHORIZATION**

Dear Parents/Guardians:

In order for students of First Assembly Christian School to participate in planned field trips, it is necessary that we receive a signed statement of permission from the student's parent or guardian. This form should be signed and returned to Mrs. Carolyn Priest, Wellness teacher, by Friday, August 18, 2017. Students may wear athletic shorts and appropriate t-shirt, and it is recommended that students wear tennis shoes.

**Student's Name:** \_\_\_\_\_

Teacher: *Spain/Smeltser/Conley*

Date of Field Trip: *Monday, August 23, 2017*

Location: *Victory Ranch*

Departure Time: *8:00 a.m.*

Return Time: *3:00 or 4:00*

Amount of Expenses for Student: *\$75*

Transportation: *Charter Bus/School Van*

**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:

Student'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.

\_\_\_\_\_  
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 instances where we could not reach parents/guardian for over an hour.