

FIELD TRIP PERMISSION SLIP

Spiritual Emphasis Conference

September 5, 2019

Activity

Date

I, the undersigned, parent or legal guardian for _____, hereby grant permission and approval for the above child to attend the above mentioned off-campus school function sponsored by Valley Christian Schools. I hereby grant said school or its agents, authority over the discipline of my said child during the said school function. **I understand that I will be bringing my student to Crossroads Nazarene Church at 2950 West Ray Road, Chandler, AZ 85224 and Valley Christian Schools will provide transportation back to Valley Christian Junior High.**

I furthermore, release Valley Christian Schools, its agents, teachers, chaperons, etc., from liability arising out of injury or damage to the aforementioned child which may occur to, from, or during this school function.

I further authorize the holder of this permission slip to obtain any and all medical treatment that may be necessary for my child, to, from, or during this event. I realize that I will be responsible for all medical costs incurred.

Signature of Parent or Guardian

Date

Home Phone Number

Cell Phone (if available)

Local Friend/Relative

Phone #

Dr. Name

Phone #

Insurance Company Name

Policy/Group #