

**GRACE BAPTIST CHURCH**  
**736 King Street Bristol, CT.**  
**(860) 582-3840**

**FIELD TRIP PERMISSION SLIP**

Note: A copy of this permission slip is to be taken on all field trips by the youth leader. If you do not bring your SIGNED permission slip, you will not be permitted to attend the event.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_  
Parent Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Home or Cell # \_\_\_\_\_ Emergency contact \_\_\_\_\_

**HEALTH INFORMATION**

Known Medical Problems \_\_\_\_\_  
Medications \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physician's name and phone number \_\_\_\_\_  
Hospital Choice \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

This permission slip also authorizes a ***licensed*** physician and other ***licensed*** medical staff to carry out emergency medical care deemed necessary for my child if I cannot be reached.

\_\_\_\_\_  
(parent/guardian name and signature) (date)

I give my son/daughter \_\_\_\_\_ permission to go on a field trip to:  
(student's name)

<i>Place</i>	<i>Date</i>	<i>Parent name &amp; Signature</i>	<i>Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____