

PERMISSION SLIP – DAY TRIPS

PERMISSION/MEDICAL RELEASE FOR:

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____

ZIP _____ **BIRTH DATE** ___/___/___ **SCHOOL** _____

GRADE _____ (COMPLETED) _____ (STARTED IN FALL)

PARENT/GUARDIAN’S NAME _____

DATE OF THE TRIP _____ **MO/DAY/YR**

Type Of Trip _____

I GIVE PERMISSION FOR MY CHILD TO GO WITH **DESTINY CHRISTIAN CENTER ASSEMBLY OF GOD, HUBER HEIGHTS, OHIO**, IN THIS FIELD TRIP THAT IS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THE OHIO DISTRICT COUNCIL, INC., OR DESTINY CHRISTIAN CENTER ASSEMBLY OF GOD, IT’S AGENTS AND VOLUNTEERS FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR’S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

DATE: MO/DAY/YR

PARENT’S SIGNATURE

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____