JMBC Field Trip Permission Form

Dear Parent / Guardian / Member / Participant:

The individual named below is going on a JMBC sponsored trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by this
DATE: _____ (TYPE) the Name of the Ministry: _____
PRINT NAME: _____ CELL PHONE: _____

Field Trip Information:

Date of Field Trip: _____

Location Traveling To:
_____

Purpose: _____

Cost: _____

Cash or check payable to: _____

Means of Transportation: _____

Leave church grounds, school or selected location: _____ and arrive back at same or different location: _____

Special Instructions: _____

_____

Save this part of the form for church file or make copy of entire form for reference.
Cut here-- --- - --- --- ----- ----- ----- ----- ------ ------ ------ ----- ----- ----- ----- ---- ---- ---- ---- ---- --- --- Cut here
Sign this part of the form and return it to the perspective ministry leader.

_____ has permission / is authorized to attend a field trip to:_____ on_____ from _____ to
_____

Enclosed, please find cash/check in the amount of $_____ to cover the cost of the trip.

I give permission / authorization for _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent / Guardian / Member / Participant:
Signature: _____
Date: _____

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