

TRIP PERMISSION
Tabernacle Christian School



STUDENT'S NAME: _____

GRADE(s): _____

FIELD TRIP LOCATION: _____

COST: _____

DATE OF TRIP: _____ TIMES: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

MEDICAL CONDITIONS OF THE STUDENT: _____

OTHER TRIP INFORMATION: _____

My child has permission to travel to and from the above location by school/church bus or van. I give permission, should it be necessary, to administer medical care to my child. I understand that the church/school will exercise all safety precautions for my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT CELLPHONE NUMBERS: _____

TRIP PERMISSION
Tabernacle Christian School



STUDENT'S NAME: _____

GRADE(s): _____

FIELD TRIP LOCATION: _____

COST: _____

DATE OF TRIP: _____ TIMES: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

MEDICAL CONDITIONS OF THE STUDENT: _____

OTHER TRIP INFORMATION: _____

My child has permission to travel to and from the above location by school/church bus or van. I give permission, should it be necessary, to administer medical care to my child. I understand that the church/school will exercise all safety precautions for my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT CELLPHONE NUMBERS: _____