

Field Trip Permission Slip

Class or group: _____ Date of event: _____

Field trip destination: _____

Starting time/place: _____

Ending time/place: _____

Adult sponsors for this event: _____

Additional information: _____

For more information, contact:

Name: _____ Phone: _____

I give consent for my child, _____, to participate in the abovementioned event sponsored by the Unitarian Universalist Church in Eugene. I understand that the church does not accept responsibility for any bodily injury incurred during this event. I give permission for any emergency medical, surgical, diagnostic and hospital care, treatment, and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health when I cannot be contacted. I agree to be responsible for any expenses not covered by my insurance which may be incurred as a result of an accident or medical emergency involving my child.

My child has the following allergies, dietary restrictions, or medical conditions: _____

In case of emergency, I can be reached at (phone): _____

If unable to reach me, please contact:

Name: _____ Phone: _____

Signature of parent/guardian

Date