

FACS FIELD TRIP PARENT/GUARDIAN AUTHORIZATION

Dear Parents/Guardians:

In order for students of First Assembly Christian School to participate in planned field trips, it is necessary that we receive a signed statement of permission from the student's parent or guardian. This form should be signed and returned to the teacher **promptly**.

TEACHER: _____
STUDENT'S NAME: _____
DATE OF FIELD TRIP: _____
LOCATION: _____
DEPARTURE TIME: _____
RETURN TIME: _____
AMOUNT OF EXPENSES FOR STUDENT: \$ _____
TRANSPORTATION: _____

ATTENTION: DRIVERS

I am planning to furnish transportation for _____ students from First Assembly Christian School to the activity listed on this form. The automobile insurance coverage on my vehicle is adequate protection for myself and the passengers riding in the vehicle.

NAME OF AUTOMOBILE INSURANCE COMPANY _____ POLICY # _____

SIGNATURE OF DRIVER _____

DRIVER'S LICENSE NUMBER _____

PARENT/GUARDIAN AUTHORIZATION

All information on following lines must be completed.

I do hereby authorize emergency medical care and will take responsibility for all expenses incurred in an emergency case for (Student's Name) _____

Health Insurance Company _____

Policy Number _____

Emergency phone number of friend or relative _____ relationship _____

Allergies _____

Medications currently taking _____

Family physician _____

**I give my permission for _____ to participate in the above mentioned field trip.
I understand First Assembly Christian School or its employees cannot accept financial liability or
responsibility for other adult drivers transporting students.**

_____/_____/_____
PARENT/GUARDIAN SIGNATURE DATE

_____/_____/_____
PARENT/GUARDIAN SIGNATURE DATE

ADDRESS _____ CITY _____ STATE/ZIP CODE _____

TELEPHONE NUMBERS: HOME: _____ WORK: _____
Cell (Mother) _____
Cell (Father) _____

Please keep your cell phone ON. We have had (non-emergency) instances where we couldn't reach parents/guardians for over an hour.