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### Trip/Event/Activity Permission Slip

Trip/Event/Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Cost: \_\_\_\_\_

**To be completed by a parent or guardian:**

I hereby give my permission for (*participant*) \_\_\_\_\_ to go on the above stated trip/event/activity with Bridgeview United Methodist Church. I understand that the trip will be away from the church campus for the above stated date(s) and time(s). The participant may ride on a church van, a bus, or with the Adult Leaders to and from the trip/event/activity. I understand the Church Staff and Adult Leaders will supervise my child/children to the best of their ability. I also understand that the Church, Church Staff, and the Adult Leaders will not be held responsible for the loss of personal property or injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the Church Staff, Adult Leaders, or Medical Authorities, I authorize and direct the Church Staff and Adult Leaders to take my child to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_

Parent/Guardian Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*\*Vans/Buses are rented at times for travel purposes.*