

Tree of Life Child Care Ministry

Field Trips

Permission Slip for School-age Children

_____ to _____

This is to certify that _____ (student) has our permission to participate in the Tree of Life Child Care Ministry field trips during the summer and school year.

We realize that there are risks involved in any activity/trip. We do hereby agree to assume these risks and we do hereby release and hold harmless the Tree of Life Child Care Ministry, including faculty and staff sponsor(s) of any and all liability which may arise as a result of our student's participation in the activity/trip.

We also empower the Tree of Life Staff/West Pines Baptist Church, to authorize medical treatment for the above named student and we agree to accept responsibility for the cost of any medication/medical services/x-rays/medical transportation prescribed by a licensed physician or required as necessary to be administered or arranged under sponsor(s) direction.

Our medical insurance program and number is:

_____/_____

Date: _____

Father or Guardian Signature

and/or

Mother or Guardian Signature

Home phone number: _____

Work phone number(s): _____

Cell phone number(s): _____