

Parent: Important please return to teacher by \_\_\_\_\_  
With \$ \_\_\_\_\_

## TRI-COUNTY CHRISTIAN SCHOOL

### FIELD TRIP – OFF CAMPUS PERMISSION SLIP

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity: \_\_\_\_\_ Costs: Admission \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Any unusual dangers involved: \_\_\_\_\_

Special rules for students to follow: \_\_\_\_\_

Special items needed: \_\_\_\_\_

#### EMERGENCY MEDICAL CONSENT

I, the parent of the above mentioned student, hereby permit him/her to participate in the above activity sponsored by Tri-County Christian School and hereby authorize any school staff member to serve as agent for the undersigned to consent to any **emergency** x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician or medical facility. We hereto agree to the above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

#### TRANSPORTATION NEEDS

Are you able to drive? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:

- How many students (in seat belts) will your auto carry? \_\_\_\_\_

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**Please cut on this line.**

**KEEP the bottom portion at home.**

Details Event \_\_\_\_\_ Date \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Means of Travel \_\_\_\_\_ Non-Food Costs \_\_\_\_\_

Food/Lunch \_\_\_\_\_

Dress Code \_\_\_\_\_

Other \_\_\_\_\_