

First A. R. P. Church

Children's Ministry Off-Campus Activity Permission Form

Name of Student:

Trip Information:

Place:

Date:

Departure Time:

Return Time:

Method of Transportation:

Contact in Case of Emergency:

Name:

Phone Number:

Name:

Phone Number:

_____ has my permission to participate in _____
_____ with First A. R. P. Church on _____.

In case of an accident or illness, the adult chaperones for this activity have my permission to seek emergency medical care or treatment.

Signature of Parent or Guardian:

Date Signed:

Comments/Emergency Medical Information:

Insurance Policy Carrier and Number (optional):

