

Trussville First Methodist Church  
Children's Ministry Field Trip Permission Form

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time (departure/return): \_\_\_\_\_

To attend this event please fill in the form below and hand it to your leader at the beginning of the event. Without a permission slip you cannot attend.

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**Permission Slip**

Name of Young Person: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Any allergies/health concerns?

\_\_\_\_\_  
\_\_\_\_\_

***I give permission for my son/daughter to attend***

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_