



## Field Trip Permission Form

Activity- Girls Day Camp

Date of Activity \_\_\_\_\_

City/ Location \_\_\_\_\_

Leaving Time \_\_\_\_\_

Leaving Date \_\_\_\_\_

Person in Charge \_\_\_\_\_

Returning Time \_\_\_\_\_

Returning Date \_\_\_\_\_

Place of Activity: San Antonio, TX

Location: Agape Baptist Church

Address: 9603 Braun Road,

San Antonio, TX 78254

### Permission & Emergency Information Needed

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Name of Parents \_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Allergies or Special Instructions: \_\_\_\_\_

I give permission for my daughter/son to attend the above event. In the event of injury to and from the event, I release Agape Baptist Church from any claim. I give permission for my daughter/son to ride in any vehicle designated by the adult in charge. I give permission for the person in charge to seek medical services if needed. If you have medical insurance coverage of your child, please state the information below in order for the person in charge to seek medical help.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Coverage of the child: