

Grace Community Church of Lansford

15 W. Ridge St.
Lansford, PA 18232

570-645-2212

www.gcclansford.org

Field Trip Permission Form

Name of Activity: _____

Activity for: _____ Date of Activity: _____

Place of Activity: _____

Leaving Church Time: _____ Returning Time: _____

Adult(s) in Charge: _____

Please complete the form below, cut it, and send it along with your child.
Your child **WILL NOT** be able to attend without a completed permission form!

Name of Activity/Ministry: _____

Permission Form

Participant's Name: _____ Birthdate: _____

Address: _____ City: _____

Phone: _____

Emergency Contact Person: _____

Emergency Contact Phone Number(s): _____

Allergies or Special Instructions:

I give permission for my son/daughter to attend the above event. In the event of emergency/accident/injury, I release Grace Community Church of Lansford and its designee(s) from any liability/claim. I give permission for my son/daughter to ride in any vehicle(s) designated by the adult(s) in charge. I give permission for the adult(s) in charge to seek medical services if needed.

Parent Signature _____ Date _____