



Tewksbury Congregational Church

Field Trip Consent Form

Your child would like to participate in the following activity:

Activity: _____

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

Adult Leaders: _____

Cost: _____

Method of transportation: _____

Additional Information: _____

Tear here – Keep Information Above, Return Completed Form Below

(Please print)

I give my daughter/son: _____

Permission to participate in (name activity): _____

Parent/Guardian: _____

Address: _____ Phone: _____

Emergency contact: _____ Phone: _____

Special instructions – any allergies other things we should know?

Medical conditions:

Medical Release Form on File: Yes _____ No _____

I/We agree not to hold the Tewksbury Congregational Church, its leaders, employees and volunteer staff liable for damage, losses, diseases or injuries incurred by the subject of this form. I/We understand all reasonable safety precautions will be taken at all times by the Tewksbury Congregational Church and its agents during this activity. I/We understand the possibility of unforeseen hazards and know the inherent possibilities of risk associated with this activity.

Signature: _____ Date: _____

** Upon completion, please return to respective Youth Group Leaders