Grades 7th – 12th Annual Universal Field Trip Permission
Wallace Memorial Presbyterian Church
Wallace: A Safe Sanctuary

Child's Name:	Birth date	Home Ph:
Parent/Guardian Name:	Email:	Cell Ph:
		Other:

Please circle the first number to call in the event of an emergency.

TRANSPORTATION
I give my permission for adult volunteers to transport my child.

PROGAMS RUN BY OUTSIDE ORGANIZATIONS
Once the youth are within the realm of another program with rules and regulations relative to that setting; my child will yield to those regulations as stated by the receiving program.

EMERGENCY MEDICAL TREATMENT
I give permission for youth leaders to treat my child in the event of an emergency.

- List any food/medicinal allergies or pertinent medical information: _____

_____

_____

_____

- Physician name and phone number:_____
- Healthcare Provider Number: _____

PHOTOGRAPHY
I grant permission allowing publication of any photograph of my child for Wallace Memorial Presbyterian Church website, newsletters or bulletin boards. **Yes ☐** **No☐**

RELEASE FOR PICKUP
The following is a list of adults that are permitted to pick up my child:

Names	Phone Numbers

_____ _____
Signature Date

_____
Printed Name