Youth Group Field Trip Permission Slip

Event Name:
Date of Trip:
Destination:
Purpose of Trip:
Meeting Location & Time:
Wieeting Location & Time.
Return Time:
Transportation Provided By:
Student Information
Student Name:
Age:
Allergies or Medical Concerns:
Parent/Guardian Consent
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Parent/Guardian Name:

Emergency Contact Number:

Additional Comments:		
Signature:		
Date		
Date:		
Date.		