



HIGH SCHOOL FIELD TRIP PERMISSION FORM FGC GATHERING JULY 1-7, 2018

OUT OF STATE FIELD TRIP PERMISSION FORM FOR: _____

Please BRING this SIGNED permission slip with you to the Gathering.

I _____ (parent/guardian) give permission for my child _____

to attend **the Active Spirit workshop field trips** during the FGC Gathering July 1-7, 2018 including one which will cross from Ohio into Michigan.

Special instructions:

Emergency contact on Campus:

Name:

Phone:

Emergency contact off Campus:

Name:

Phone:

Health Insurance:

List company name and policy number No health insurance at present time

Company Name:

Policy Number:

Does your teen have allergies? No Yes (specify)

In case of an emergency, I give permission for my child to receive medical treatment.

Parent/Guardian signature

Date