



**VALLEY CHRISTIAN CHURCH**

11188 SW Wilsonville RD

Wilsonville Oregon 97070

Phone 503-682-3693

Fax 503-570-8871

Email [office@vccwilsonville.org](mailto:office@vccwilsonville.org)

**FIELD TRIP PERMISSION SLIP**

*For Children and Youth Programs*

Please read this slip carefully, sign and return by the day of the activity. Your child **MUST** have a signed permission slip in order to attend.

EVENT/ACTIVITY \_\_\_\_\_

DATE: \_\_\_\_\_ Time leaving \_\_\_\_\_ Returning \_\_\_\_\_

CHILD(REN)'S NAME \_\_\_\_\_

CHILD(REN)'S AGE: \_\_\_\_\_

COST: \_\_\_\_\_ Cash ok; make checks to: \_\_\_\_\_

I, \_\_\_\_\_ as parent/guardian of the above named child(ren), give him/her permission to participate in the activities of Valley Christian Church children/youth programs. I release the church and its representatives from any liability in the event of an accident en route, during, or returning from this activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian

Please print Parent/Guardian's name \_\_\_\_\_

CONTACT PHONE NUMBERS DURING EVENT \_\_\_\_\_

ALTERNATE/EMERGENCY PHONE NUMBERS \_\_\_\_\_

Special Medical Needs

Are there any specific or special medical needs or restrictions that we should be aware of for your child? Does your child have any allergies? Please list below with any information that could be helpful. If you need more space, please write on the back of this form.

\_\_\_\_\_

\_\_\_\_\_

Amount paid \_\_\_\_\_