ACC STRASBURG PARENT/GUARDIAN FIELD TRIP CONSENT FORM

To be completed by the parent/guardian and RETURNED TO TRIP SUPERVISOR IN CHARGE.	
Field Trip	Destination:
Field Trip	Date(s):
of some ac more serio	f Risk : The risk of injury exists in every field trip activity. However, due to the very nature tivities, the risk of injury may increase. Injuries may range from minor sprains and strains to us injuries. The safety and well-being of children is a prime concern and attempts are made as effectively as possible, the foreseeable risks inherent in field trip activities.
	n: If it will be necessary for your child to take prescription medication during the trip, and describe any special instructions:
ministry st	child have any physical, emotional, mental, behavioral concerns or limitations that the aff should be made aware of? Yes No use explain in detail:
blameless that and volunte	rsigned authorize my child to participate in any of the activities listed above. I also agree to hold the Apostolic Christian Church (Nazarean) of Kitchener and any of its ministry staff, board members ters from any loss, damage or injury suffered by my child, as well as any negative impact of medical authorized by the ministry leaders during these events
	nd and understood the information on the <i>Field Trip Information for Parent/Guardian</i> ICS-FTI-17).
PARENT	GUARDIAN EMERGENCY CONTACT #:
(Your chile	has my permission to participate in this field trip. d's Full Name)
NOTE:	If volunteers are required, please check if you are able to assist.
	I can supervise on the excursion including overnight if required.
	I can drive children to field trip \square , back from field trip \square .
	Number If volunteer drivers are used, I give permission for my child to travel with a responsible volunteer driver who holds a valid driver's G level license and has valid, up to date insurance (please check)
Date	Signature of Parent/Guardian