TRIP PERMISSION SLIP

Child's Name: _____

Trip to: Kentucky State Fair

Trip Date: Thursday, August 23, 2018

Departure Time: 8:30 (a.m./p.m.) Return Time: 3:00 a.m./(p.m.)

Transportation: Teachers + Parents Vans + Cars

Sponsor: Mr. Matthews

Cost: $3.00

My child has my permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend. I also agree to indemnify and hold harmless the sponsoring institute, Kentucky-Tennessee Conference of Seventh-day Adventists and sponsors from liability arising from any accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church–sponsored activities.

_____ _____

(Signature of Parent/Guardian) (Date)

In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):

Home: (____) _____ Work: (____) _____ Other: (____) _____

Please indicate any medical problems, allergies or medications:

_____

_____

_____

_____ _____

(Signature of Parent/Guardian) (Date)