



## RELIGIOUS EXPLORATION FIELD TRIP PERMISSION FORM

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### Youth Name:

[Youth Email]

[Youth Cell Phone Number]

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### Parent/Caregiver Names:

[parent emails]

[parent cell phone numbers]

**Please return this permission slip at least 5 days before our excursion.** I give permission for my youth \_\_\_\_\_, to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

### Special instructions:

### Emergency contact:

Name:

Phone:

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

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Parent/Guardian signature

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Date