



**ST. ANDREW PRESBYTERIAN CHURCH**  
 3604 NE 10<sup>TH</sup> COURT, RENTON, WA 98056 · 425-272-5836 · STANDREWPC.ORG

**Field / Activity Trip  
 Parent / Guardian Permission**

**To:** Field Trip Participant  
 [or parent or guardian if participant is under 18 ].

**Subject:** You [or Your son/daughter] are invited to participate in the following field / activity trip. Please provide the following information and your consent to participate in the event

<b>Participant Information</b>	First Name		Last Name	
	Does the participant have any regular or emergency medicine requirements?  <input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, name of medicine		
		Medicine dosage and when it should be taken		
		Medicine will be provided to Staff Member for them to administer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If Staff administers, required form "Physician/Dentist Request for Administration of Medication" will be provided to Staff Member?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Activity Information</b>	Activity		Date	
	Destination		Purpose of Trip	
	Time Involved - From (start time):		To (end time):	
	<input checked="" type="checkbox"/> if yes	This will be a parent supervised field trip. No staff member will be in attendance		
	<input checked="" type="checkbox"/> if yes	Commercial Transportation		
	<input checked="" type="checkbox"/> if yes	Parent Private Vehicle	Name of driver	Phone Number
<input checked="" type="checkbox"/> if yes	Staff Member Vehicle	Name of driver	Phone Number	

<b>Pickup Authorization</b>	Individuals authorized by the Parent or Guardian to pickup the participants (if under age 18) at the conclusion of the event		
	Name	Relationship to participant	Phone Number
	Name	Relationship to participant	Phone Number

<b>Parent or Guardian Consent</b>	<p><i>I am aware that if private transportation is used (as indicated above along with the named driver), then the church's liability insurance policy will not be in effect, and the individual driver is responsible for the insurance coverage which may only be \$100,000/\$300,000 liability coverage.</i></p> <p><i>In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize St. Andrew Presbyterian Church to secure emergency medical care as needed.</i></p> <p><i>Although I understand that St. Andrew Presbyterian Church will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity.</i></p> <p><i>Being fully informed as to these risks, I hereby give my consent for my student to participate in the field/activity trip mentioned above.</i></p>	
	Parent Guardian Name [Printed]	Phone No
	Parent or Guardian Signature	Home Address
	Date Signed	

<b>Driver Information</b>	<p>If you are a driver, has any information changed since your last report, including insurance information, moving violations, or safety of the vehicle?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	<p>If yes, please provide details</p>
	<p>Drivers - Please review the following requirements:</p> <ul style="list-style-type: none"> <li>• Seat belts for each passenger will be secure when transporting students.</li> <li>• Children 12 and under/small adults will not be transported in the front seat if passenger-side air bag is operational.</li> <li>• Maximum passenger capacity will not be exceeded.</li> <li>• Cell phone may not be used when transporting students (when vehicle is in motion).</li> <li>• Tobacco products, e-cigarettes or cannabis (marijuana) may not be used inside of vehicle while transporting students.</li> </ul>