



IN-TOWN FIELD TRIP CONSENT FORM

Wellesley Hills Congregational Church
207 Washington Street
Wellesley, MA 02481

Your son/daughter _____ would like to participate in the following activity:

Activity _____

Purpose of activity _____

Date and start/finish time of activity _____

Leaders/Chaperones _____

Method of transportation _____

Cost _____

Other money needed _____

Additional information _____

Parent/guardian's name _____

Home phone _____

Address _____

Work Phone _____

Other phone/pager _____

Emergency contact _____

Phone _____

Do we have a Medical Release Form on file for your child? ____Yes ____No

If 'no' please submit one. If ``yes'', does the Medical Release Form need updating? ____Yes ____No

If 'yes', please give updated information _____

Special Instructions

I give my son/daughter _____ permission to participate in the activity listed above.

Custodial Parent/guardian's signature

Date