

Wellesley Hills Congregational Church
207 Washington St.
Wellesley, MA 02481
781-235-4424
www.hillschurch.org

FIELD TRIP/OVERNIGHT/SPECIAL ACTIVITY CONSENT FORM

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

Activity _____
Purpose of activity _____
Date(s) and start/finish time of activity _____
Drop-off area for departure Pick-up area for return _____
Leaders/Chaperones _____
Method of transportation _____
Cost _____
Other money needed _____

Additional information

Custodial 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 son/daughter?

___ Yes ___ No

If ``no" please submit one.

If ``yes", does the Medical Release Form need updating? ___ Yes ___ No

Special Instructions:

(See reverse side)

If this is an overnight event, the girls and the boys will sleep in separate areas, and there will be adult supervision based upon the number and gender of participants. Only drivers over 21 years of age will be used.

I give my son/daughter _____ permission to participate in the activity described on the front of this consent form. To the best of my knowledge, my son/daughter has no known condition which could interfere with his/her ability to participate in the listed activity(ies). I have completed and updated my son/daughter's medical form and included information concerning any disciplinary action by an educational institution which includes suspension or expulsion.

Custodial Parent/guardian's signature

Date

I agree to abide by the rules that have been established for this activity by the group leaders and by Wellesley Hills Congregational Church. I have read and understand the rules as stated in the Rules for Church Sponsored Trips form.

Youth's signature

Date