



Miami Shores Presbyterian Church School
PARENTAL AUTHORIZATION

STUDENT FIELD TRIP/ACTIVITY

Child's Name: _____ Age: _____ DOB _____

Address: _____ Home Phone: _____

Class/Teacher: _____

Activity/Event:

Location:

Cost:

Approximate Time: Leave School: _____ am Return: _____ pm

Date: _____ Means of Transportation: **Private cars**

I hereby give my permission for my child to take part in the school activity/outing described above. In the event of an emergency if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature: _____ Date: _____
Parent/Guardian

I will be able to drive _____ . I can take _____ # of children.

EMERGENCY CONTACT INFORMATION:

Mother's work phone: _____ Father's work phone: _____

Physician's name: _____ phone: _____

Are there any special circumstances regarding your child, of which the moderator should be aware? If yes, please describe:
