

## Unitarian Universalist Society of Sacramento

### Field Trip Permission Form

Notes:

SHYG youth will spend the third Sunday of August together for friendship while enjoying a yummy Jamba Juice. Youth will be transported to a nearby Jamba Juice by a SHYG Advisor and SHYG parent(s) who have provided current registration and insurance proof. We may be returning a little AFTER service lets out so be prepared to hang out a few minutes after service and have a coffee until we return (no later than 12p though).

Please bring money for your snack purchase. Contact the RE Coordinator if financial hardship presents itself. We would like for you to attend and can help.

Please return this permission form to RE Coordinator Miranda Massa by Sunday, 8/9/2015.

Field Trip Destination: Jamba Juice 2447 Fair Oaks Blvd Sac, CA 95825

Trip Date: 8/23/2015      Depart Time: 10:30am      Return Time: 12:00pm

Leader's Name: Dirk Tuell      Contact Phone: 916-600-6698

I give consent for my child(ren), \_\_\_\_\_, to participate in and be transported to the above event sponsored by the Unitarian Universalist Society of Sacramento (UUSS). I understand that the church does not accept responsibility for any bodily injury incurred during this event. I give permission for any emergency medical, surgical, diagnostic and hospital care, treatment, and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child(ren's) health if I cannot be contacted. My child(ren) have been registered in the Religious Education (RE) program at UUSS and I have read the RE Handbook.

My child has the following medical condition, allergies or dietary restrictions:

\_\_\_\_\_

Parent/Guardian Names (please print): \_\_\_\_\_

**In case of emergency**, call me at: \_\_\_\_\_ or \_\_\_\_\_

Alternate emergency contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_