

CHILD TRIP CONSENT FORM

Alpharetta Presbyterian Church
Alpharetta, Georgia

I, _____, grant permission for _____
(Name of parent/legal guardian) (Name of child/youth)

to participate with Alpharetta Presbyterian Church on the following off-site trip:

Date(s) of trip: _____

Destination of Trip: _____

Purpose of Trip: _____

Trip Leader: _____

Yes No

___ ___ I have completed the Children’s Ministry Registration/Emergency Treatment form.

During this trip, I can be reached at the following telephone number(s):

Signature: _____ Date: _____

(Completed forms will remain with the Trip Leader for the duration of the trip)

