



St. Demiana Coptic Orthodox Church Bakersfield, CA



Sunday School Field Trip

Class	_____	Date of Trip	_____
Teachers	_____	Activity	_____
Location	_____	Transportation	_____
Time	_____		_____
Cost	_____		

Purpose of Trip (Teacher Explanation)

.....(Detach here and return section below to teacher).....

AUTHORIZATION FOR FIELD TRIP

_____	_____	_____
Student('s) Name	Destination	Date of Event

The above named student(s) has/have my permission to participate in the field trip, sponsored by St. Demiana Coptic Orthodox Church, including any side trip connected there with. It is my understanding that I may accompany my child on this trip and take full responsibility and/or waive all claims against St. Demiana Coptic Orthodox Church and the Sunday School Teachers for any injury, illness or loss of life occurring during or by reason of the trip. It is my further understanding that children will be under the Church's supervision during this trip and transportation is being provided by Sunday School Teachers or I may elect to take my child to the destination.

Fr. Daniel
Father Daniel Sous

Signature of Parent or Guardian

Parent Phone Number Incase of Emergency