



## MAP Sunday School

5725 North Montour Road, Gibsonia, PA 15044

I, as a parent or guardian, give permission for \_\_\_\_\_  
(Student's first and last name)

To attend \_\_\_\_\_ on  
(Event and Place)

\_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_ for  
(Date) (Time) (Time)

\_\_\_\_\_  
( Reason for the Field Trip)

I agree to the mode Transportation: \_\_\_\_\_  
(Private Cars, walking)

Place of Departure: \_\_\_\_\_

Place and Time of Return: \_\_\_\_\_ about \_\_\_\_\_  
(Where) (Time)

Teacher(s) in charge: \_\_\_\_\_

I as parent of \_\_\_\_\_ will NOT hold MAP Sunday School  
and/or the volunteers/ volunteer drivers liable for any emergency or accident or incident.

\_\_\_\_\_  
Parent home phone #

\_\_\_\_\_  
Parent cell or emergency #

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date