

St. Peter's Lutheran School Field Trip Permission Form

A field trip has been scheduled for grade (s) _____ on the date of _____ to _____.

Purpose of the trip: _____

We will depart the school at _____ and return by _____.

Please return the bottom portion of this form to the classroom teacher by

_____.

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My child _____ has permission to participate on a field trip to _____ on the date of _____ from _____ to _____.

I agree to the following:

- My child is to honor the rules and disciplinary procedures of St. Peter's Lutheran School as indicated in the Parent-Student Handbook along with those rules applied to us at our destination.
- I understand that my child is subject to the insurance coverage provided by the driver of the vehicle if parent or teacher drivers are used.
- In case of emergency I offer permission for my child to receive medical treatment.

Parent or Guardian signature _____

Date _____ Emergency phone number _____