



PERMISSION SLIP
PLEASE KEEP THIS HALF FOR YOUR INFORMATION

DEAR PARENTS:

Our class is planning a field trip/activity which will occur away from campus and we need your permission in order for your child to participate.

_____ class is planning a field trip to _____
located at _____ on (date) _____

Mode of transportation _____. *Your signature gives permission for your child to be transported by private vehicle or chartered bus.*

Time and place of departure _____
Time and place of return _____

The school office contact during event is Kathy Shockey at 210-479-1477 ext. 1012.
Please keep the above for your information, sign and return the bottom portion of this form to the teacher no later than _____

-----RETURN THIS HALF TO TEACHER-----

My child _____ has permission to participate with
_____ in _____
(teacher name) (event)

Should any accident or illness occur to my child on the trip, I shall not hold the teacher, school or Concordia Lutheran Church responsible and I authorize the teacher and/or driver (adult supervisor) to obtain emergency medical care.

I may be reached at _____ Phone _____
If I cannot be reached, please call _____ Phone _____
Physician's Name _____ Phone _____
Date _____ Parent's Signature _____

Note: In addition to this form an auto insurance form is required of all drivers. A current background check must be on file in the school office for any adults accompanying the group. **Clearance must be on file no later than one week prior to the event.**