

Christ-St. John's Lutheran School
PARENTAL PERMISSION FOR FIELD TRIPS

(Please fill in the blanks and return to your child's teacher)

Dear Parent or Guardian,

Your child will have the opportunity to participate in _____ to (at) _____.
This will take place on _____, 20 _____. The children will be properly instructed and every possible precaution will be exercised for the safety of the children.

Your signature to this letter will be your consent permitting your child to participate in this activity of the class. Because of unforeseen hazards there is always the possibility of accidents and injuries. Your signature to this letter releases the teacher, school, and congregations of responsibilities should a mishap occur.

I hereby give my consent for _____ to participate in this activity.

Signed _____