

FIELD TRIP CONSENT FORM
Trinity Lutheran School - Athens, WI

Your child will be participating in a field trip to _____.

The group will leave school at _____ on _____
(time) (date)

and will return to school at or about _____.
(time)

Teacher in charge: _____ Cost: _____

I, _____, the legal parent/guardian of

_____, grant my permission to attend Trinity Lutheran School's field trip event. In case of an accident or serious illness, and the school personnel are unable to reach me, I hereby authorize the school to make whatever arrangements necessary to seek medical care. I do not hold Trinity Lutheran School, the staff or volunteers liable for accidents or injuries that may occur on this trip. Please indicate your knowledge and approval of this trip by signing your name and returning this information to your child's teacher.

Parent/Guardian Signature: _____

Date: _____

_____ We will be taking a bus.

_____ We need drivers.

I, _____ am able to drive for this field trip and have adequate auto insurance.

Signature: _____

Date: _____

I have _____ seatbelts available.