FIELD TRIP PERMISSION 2020 – 2021

I give permission for _____ to go on Field Trips with **FAITH LUTHERAN PRESCHOOL.** I expect the group to be reasonably safe-guarded; however, in case an accident, I absolve the Preschool of all **LIABILITIES.** If my child becomes ill, the sponsor has my permission to call a Physician at my expense.

Physician's Name _____

Phone Number _____

Address _____

SIGNATURE OF PARENT/GUARDIAN: _____

Home Address _____

Home Phone _____

Work Phone (Mother) _____(Father) _____

PLEASE READ CAREFULLY AND FILL IN ONLY *ONE* OPTION (FOR FIELD TRIPS) AND SIGN AT THE BOTTOM.

(1) I give my permission for my child, _____, to ride in a car driven by any parent of a child enrolled in Faith Lutheran Preschool between the date of _____ and _____. The car MUST be owned by that parent and be covered by state-required automobile insurance, and the transport of my child must be for activities specifically for Faith Lutheran Preschool. I expect the driver to take reasonable precautions while driving. However, in case of an accident, I absolve the driver of all liabilities.

(2) I give permission for my child _____ to ride only with the persons listed

_____ _____ _____

(3) I will drive on all Field Trips myself and wish for my child, _____, to ride only with me.

I HAVE CHOSEN OPTION# ____

SIGNATURE OF PARENT/GUARDIAN _____

PERMISSION FOR TAKING PICTURES

I hereby give permission for Faith Lutheran Preschool staff and / or others to take pictures of my child during Faith Lutheran preschool activities, at the preschool or off the premises, and for such photographs to be used for publicity should the school staff decide to do so.

SIGNATURE OF PARENT/GUARDIAN_____

DATE _____