

TRINITY LUTHERAN SCHOOL
Springfield, Illinois

FIELD TRIP PERMISSION FORM

The undersigned hereby requests and gives permission for the listed child to be taken on this class field trip to and with this signed agreement indemnifies and holds harmless Trinity Lutheran school, its employees, volunteers and any and all members of its governing boards of any responsibility for the safety, welfare, health and well-being of the child named here, beyond such matters as may be called reasonable care for children in the custody of a staff member's clear instructions, and assume personally and exclusively all responsibility and liability for accidents, injury, etc., which may occur to the named child during the time of the specific activity as set forth on this form.

Student's Name: _____ Grade: _____

Location of Field Trip: _____

Date of Field Trip: _____

Time of Departure: _____AM/PM

Time of Return: _____ AM/PM

Transportation: Trinity Bus ____ Car ____ Walk ____ Commercial Vehicle ____

Student will need:

\$_____ Cost of the Trip - **Please send money/form to school by:** _____

On the day of the trip:

_____ Bring a lunch _____ Bring lunch money \$_____

_____ Do not bring a lunch

Adults accompanying the group:

Classroom Teacher: _____

Parent/Guardian Signature: _____

Date

Parent Emergency Phone Number: _____ (H) (W) (C)

**This form must be completed and returned to the teacher. Only those children who return this form properly completed will be granted permission to participate. Only students in the class and assigned adult chaperones are allowed to attend this field trip. **