

Trinity Lutheran School
1361 Seventh Avenue SW
Cedar Rapids, Iowa 52404
Field Trip Activity Consent

Name: _____ **Grade:** _____

Description of Activity: **Physical Education Class Field Trip**

Date of Activity: **September 21, 2017** **Time: 8:30 a.m. – 11:45 a.m.**

Transportation: **Car**

Chaperone: **Y N** **Cars: I Can Drive:** **Y N** **# of Student Seat Belts:** _____

Emergency Contact: _____ **Phone:** _____

Cell phone: _____ **Work Phone:** _____

Teachers in charge: _____

Please read the following carefully and sign at the bottom of this page.
Only those children who return this form may participate in the activity.

We, the undersigned parents/guardians of the above named child, grant permission for the child to participate in the activity described. We are aware of the nature of the activity to take place and represent that our child is physically and mentally able to participate.

We understand that with any activity there is always the risk of serious injury to participants. We have advised our child of the risk possibilities. We represent to you that the participant and we assume the risk of any such injury. We release the teacher, administrator, parent volunteers, and Trinity Lutheran School and Church from any liability for injury to the participant while engaged in this activity, which is caused or contributed to by the conduct of the participant. We release the teacher, administrator, parent volunteers, and Trinity Lutheran School and Church from all liability to any other person arising as a result of the conduct of our child in this activity. We understand that there is one seatbelt required for each student participating.

If we are not personally present at this activity so as to be consulted in the case of emergency, the teacher or administrator of Trinity Lutheran School is authorized to arrange for such medical and hospital treatment as deemed advisable by said teacher or administrator. We understand that every effort will be made to contact us prior to treatment.

Listed are any special medications or allergies for the participant: _____

Parents/Guardians Signatures: _____ **Date Signed:** _____

_____ **Date Signed:** _____