

I hereby consent for my child \_\_\_\_\_ to attend a field trip with Salem Lutheran School to:

## **Salem Lutheran School**

6411 E. Frank Ln. Orange, CA 92869 714) 639-1946 Mr. Philip G. Duerr, Principal



## PERMISSION SLIP FOR EXCURSIONS

St. Paul's - Orange	
Time and Date: September 25, 2013. Leave School at 2:45. Game Time 3:30.	
I agree to direct my child to <b>cooperate and conform</b> with the directions and instructions of the supervisory personn in charge of the field trip. I also agree to discuss with my child the necessity of <b>listening to and following</b> the directions of the driver.	el
Should it be necessary for my child to have medical treatment (including dental or hospital treatment) during this trickereby give the adult in charge permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.	
I understand that the Church, (Salem Lutheran Church), the school, the school personnel and the participating paren do not assume responsibility for accidents.	ts
In case of an accident, please notify	
Parent or Guardian Signature Date	
Proof of current driver's license and liability insurance must be on file in the school office in order to drive on a field trip. No child is to be left alone at any time, including use of the restroom. Drivers must proceed directly to	
field trip and directly back to the school, with no stops for lunch or treats.	,,,,,
I clearly understand the preceding directions and agree to abide by them.	
Please circle yes or no if you wish to drive on this field trip. YES NO	
My car can seatstudents with seatbelts.	
6 <sup>th</sup> Grade Girls' Basketball	