

**PLEASE PRINT and COMPLETE IN BLUE OR BLACK INK ONLY and RETURN TO SCHOOL BY FRIDAY, AUGUST 18, 2017. Thank you.**

**This form must be on file with the office/teachers for student to participate in field trips.  
(First Field Trip Gr. 1-8 is Monday, August 21, 2017)**

**IN THE EVENT OF AN EARTHQUAKE, FIRE, TORNADO, OR OTHER NATURAL DISASTER, OR PERSONAL INJURY,  
AND IN THE EVENT THAT WE ARE UNABLE TO COME TO TRINITY LUTHERAN SCHOOL.....**

*I/We (parents / give permission to Trinity Lutheran School to release the following children:*

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_

TO: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Do any of the above students have an allergy/condition that would require an inhaler or EpiPen be taken with them on a field trip? If so, please explain:**

\_\_\_\_\_

**Do any of the above students have a food allergy? If so please list student name and allergy.**

\_\_\_\_\_

**Emergency Contact Information --- Please list which parent we are to contact if your child(ren) becomes ill during the school day:**

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**If we are unable to contact the parent(s) listed above ---who are we to contact next:**

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**In case of medical emergency, we/I give permission for the above child(ren) to be admitted to \_\_\_\_\_ Hospital and allow the attending physician to administer emergency care.**