

**St. Peter's Lutheran School**  
**FIELD TRIP PERMISSION SLIP &**  
**EMERGENCY INFORMATION**  
8701 Elk Grove-Florin Road  
Elk Grove, CA 95624

The \_\_\_\_\_ is planning a field trip to:

Location: \_\_\_\_\_ \*Cost: \_\_\_\_\_

Date: \_\_\_\_\_

Time: Departing from school: \_\_\_\_\_

Returning to school: \_\_\_\_\_

My child, \_\_\_\_\_ has permission to participate in the field trip.

In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment to be performed by any licensed physician or surgeon. I hereby agree to bear all costs incurred as a result of the foregoing.

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Medical Insurance carrier and number: \_\_\_\_\_

My child has the following condition or allergy: \_\_\_\_\_

\_\_\_\_\_

My child is currently taking the following medications: (please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

**TRANSPORTATION**

\_\_\_\_\_ **Yes, I can drive.** I can take \_\_\_\_\_ students. (All students must wear seat belts)

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

California Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ **No, I cannot drive.**

*\*Money paid for field trips is not refundable.*