

ST. JOHN'S LUTHERAN
3220 Columbus St.
Grove City, Ohio 43123

Dear Parent or Guardian,

Your student has the opportunity to go on a field trip. Please read the information below and return signed permission slip by this date: _____ to: _____

Field Trip Information

Date:

Location:

Purpose:

Means of Transportation: (walking) or (church van/adult drivers)

Meeting at Church at: _____ Leaving Church at: _____

Estimated Arrival Back to Church:

Special Instructions:

-----**(tear off and return bottom portion of paper)**-----

I give permission for (student's name): _____

to attend and go off-site on a field trip with St. John's Lutheran Church on (date): _____

My emergency number during this event will be: _____

If you cannot reach me, please contact:

Name: _____

Relationship to student: _____

Number: _____

Please note:

Your student has a current emergency authorization/liability/promo release form on file at church.

Your student does not have a current form on file, please complete attached form and return with permission slip. *Thank you!*

Parent or Guardian signature: _____ Date: _____