

**Berea Lutheran School**

**FIELD TRIP PERMISSION FORM**

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I give permission for my child, \_\_\_\_\_, to attend all field trips scheduled for school year \_\_\_\_\_ - \_\_\_\_\_ .

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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