

Central Lutheran School  
Parent/Guardian Consent Form  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am informed of the activities offered by Central Lutheran School,  
\_\_\_\_\_, beginning at \_\_\_\_\_AM/PM on the day of  
Name of Activity/Field Trip  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, and returning at \_\_\_\_\_AM/PM on the day of \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

This signed agreement absolves the teacher, Central Lutheran School, and any and all members of its governing boards of any responsibility for the safety, welfare, health, and well-being of the student named above, beyond such matters as may be called reasonable care for students in the custody of the teacher and subject to the teacher's clear instructions, and assumes personally and exclusively all responsibility and liability for any accident, injury, etc., which may occur to the student named above during the time of the specific activity as noted above.

\_\_\_\_\_, will accompany the group with the  
Name of Teacher (s)

following Drivers/Chaperones:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Transportation will be by: Parents /Bus /Other: \_\_\_\_\_.  
Circle One

The cost of the trip is \$\_\_\_\_\_.

( ) Bring Lunch      ( ) Do Not Bring Lunch

*Return the bottom portion to your child's teacher with any payment. Retain top portion for your information.*

✂-----

Please check if you would like to be a chaperon for this activity, but do not want to drive. The teacher will notify you if this is feasible.

Student's name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
in agreement to statement at top of page

**THIS FORM MUST BE SIGNED AND RETURNED TO YOUR CHILD'S TEACHER.**  
**ONLY THOSE STUDENTS WHO RETURN THIS FORM**  
**PROPERLY SIGNED WITH ANY MONEY DUE**  
**CAN BE GRANTED PERMISSION TO PARTICIPATE ON THIS TRIP.**