ST. JOHN'S LUTHERAN SCHOOL 505 S. Park Road La Grange, IL 60525-6199 **Parent or Guardian Consent**

The undersigned parent/guardian hereby requests and gives permission to

(Student Name)

on the following trip to <u>the Field Museum</u> and with this signed agreement absolves the teacher, St. John's Lutheran School, and any and all members of its governing boards of any responsibility for the safety, welfare, health, and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above-named child during the time of the specific activity as set forth at the beginning of the paragraph.

The trip begins at <u>9 a.m.</u> and the children should be back at school at	2:00 p.m.	on	<u>Monday, March 6,</u>
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2023. Teachers and parent chaperones will accompany the group. Transportation is to be by _____ bus ____.

PLEASE CHECK

Cost of the trip is \$ ______ covered by field trip dues paid in August 2022 _____.

Bring completely disposable lunch, drink

No money needed during the trip

Parent's/Guardian's signature _____ Emergency Phone # (with area) _____

Date:

THIS FORM MUST BE SIGNED AND RETURNED. ONLY THOSE CHILDREN WHO RETURN THIS FORM PROPERLY SIGNED CAN BE GRANTED PERMISSION TO PARTICIPATE.

PARENT COPY

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Transportation is to be bybus				
Cost of the trip is $\underbrace{0}$.				

Bring completely disposable lunch, drink No money needed during the trip