

Field Trip Permission Form

Zion Lutheran School
625 Church Drive
Bethalto, Illinois 62010
377-5507

We give our permission for _____
Student Name Grade of Student

to participate in the following Field Trip. We will be going to _____
Field Trip

Field Trip Destination

Purpose of the Field Trip: _____

on _____
Date of Field Trip Time Leaving Time Returning

The cost for the Field Trip for the student is: _____ Lunch: _____
(Please checks payable to Zion Lutheran School)

The Names of the Chaperons are:

1. _____ 2. _____
3. _____ 4. _____
5. Teacher: _____ 6. Teacher: _____

We assume the risk of any and all injuries suffered during the time of the Field Trip while
being transported by Bethalto Unit # 8 School Bus or by _____
Alternative form of transportation

We hereby expressly release Zion Lutheran School and Church in Bethalto, Illinois of the
Southern Illinois District of the Lutheran Church Missouri Synod and all of its officers and officials,
teachers, chaperons, both officially, and personally, from any liability which for this release might
exist.

Parent or Guardian Signature: _____ Date: _____