CROSS OF HOPE LUTHERAN ELEMENTARY SCHOOL
PARENT PERMISSION FORM

The parents of _____ give permission to participate in the following activity away from the school:

Teacher/Class _____

Destination _____

Date/Time _____

Transportation _____

Parents are reminded that every reasonable precaution will be taken to provide for the safety and care of the students. In the event of an emergency which requires professional care, please indicate the name of a doctor. Parents must assume financial responsibility.

_____	_____
Parent/Guardian Signature	Home/Cell Phone
_____	_____
Home Address	Business Phone
_____	_____
Doctor to be Consulted	Doctor's Phone

IN CASE OF EMERGENCY, SUPERVISING ADULT SHOULD:

1. **Call 911**
2. **Call Parent/Guardian**
3. **Contact COHLES 897-1832 or COH Church Office 897-0047**

I would like to chaperone: Yes No

Please indicate how many children you can transport safely (belted in back seats) in your vehicle: _____

Please tear off this portion and save

FIELD TRIP

Teacher/Class _____

Destination _____

Date/Time _____

Transportation _____

Items to send with your child and/or costs: _____
_____
_____