

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_