

Salem Lutheran School

6411 E. Frank Ln. Orange, CA 92869 (714) 639-1946



PERMISSION SLIP FOR EXCURSIONS

I hereby consent for my child to attend a field trip with Salem Lutheran School to:	
St. John's 154 S. Shaffer St. Orange, CA 928	866
Time and Date: Thursday, Oct. 11, 2018. Leave Salem	2:50pm Game Time 3:30pm
I agree to direct my child to cooperate and conform win charge of the field trip. I also agree to discuss with midirections of the driver.	with the directions and instructions of the supervisory personnel my child the necessity of listening to and following the
hereby give the adult in charge permission to use their j	eatment (including dental or hospital treatment) during this trip, I judgment in obtaining medical service for my child and I give onnel to render medical treatment deemed necessary and
I understand that the Church, (Salem Lutheran Church) do not assume responsibility for accidents.	, the school, the school personnel and the participating parents
In case of an accident, please notify	
Parent or Guardian Signature	Date
	ce must be on file in the school office in order to drive on a uding use of the restroom. Drivers must proceed directly to the s for lunch or treats.
I clearly understand the preceding directions and agree	to abide by them.
Please circle yes or no if you wish to drive on this field	trip. YES NO
My car can seat students with seathel	to

D-1 Girls' Volleyball- Coach Hansen