



Pilgrim Lutheran School
Parental Authorization for Activities off School Grounds



Child's Name: _____ Grade _____ Date of Birth _____

Home Address: _____

Home Telephone: _____

I hereby consent to have my child participate in field trips and activities supervised by Pilgrim Lutheran Church and School off of the school grounds.

I hereby authorize any teacher to call 911 in the event of an accident or acute illness to arrange for the necessary emergency medical and/or surgical care in case I am not immediately available. I understand that a conscientious effort will be made to notify me (*the parents*) before such action will be taken.

Any qualified physician, contacted by a Pilgrim Lutheran Church and School teacher may treat and do what is necessary for the health and well being of my child, understanding that my child's personal physician may not be contacted.

It is also understood that I will not hold Pilgrim Lutheran Church and School, teachers, volunteers or drivers responsible for any accident or illness to my child, realizing that extreme supervision will be exercised. I also agree to accept responsibility for the cost of all medical services required.

Family Physician Information: _____
(Doctor's Name & Phone Number)

(Address, City, Zip and telephone)

Mother's Contact Numbers:

Father's Contact Numbers:

Other Emergency Contact Person

(Parent/Guardian Signature and Date)

(Print Name)