



Field Trip Photo Release 2024-2025

Student Name: _____

I hereby give permission for my child to attend Field Trips as part of the education provided by Faith Lutheran Preschool. I expect the class to be reasonably safeguarded, however, in case of an accident; I absolve Faith Lutheran Preschool of **all liabilities**. If my student becomes ill, the staff have my permission to call a physician at my expense.

Physician Name: _____ Phone Number: _____

Address: _____

I agree to one **(1)** of the following options regarding Field Trip transportation.

I give my permission for my child, named above, to ride in a vehicle driven by **any** parent of a child enrolled at Faith Lutheran Preschool **2024–2025 School Year**. The vehicle must be **owned by the parent** and be covered by state required auto insurance and the transportation of my child must be for activities specifically scheduled for Faith Lutheran Preschool. I expect the driver to take reasonable precautions while driving. However, in case of an emergency, I absolve the driver of **all liabilities**.

I give permission for my child, named above, to ride only with the persons listed here:

1. _____ 2. _____ 3. _____

I will drive on all Field Trips myself and wish for my child, named above, to ride only with me.

All parents who desire to drive students of Faith Lutheran Preschool will provide a copy of their driver's license and current insurance to the school office to keep on file during this school year. This must be updated at the beginning of each school year.

Photo Release

I consent that photographs or video taken throughout the school year may be used: on bulletin boards, in the school and/or church newsletter, school programs, art projects, memory books, end-of-year slide show, and presentations made to those interested in the activities of the school.

I consent to use photographs on the Faith Lutheran School website at www.fllderby.com

I consent to use my child's photograph on the Faith Lutheran School Facebook page.

I consent to use my child's image during television interviews and/or promotional videos.

I consent to use my child's first name with his/her photograph.

I DO NOT give my consent to have photographs of my child used by Faith Lutheran School in any way as specified above.

Parent/Guardian signature