

Gethsemane Lutheran Pre School

4040 Watonga Bld Houston TX 77092

FAX (713) 688-5235

(713) 3688-8346

Mrs. Kim Perry

Director

This is to certify that _____
(child's name)

has my permission to go outside the gated area on Gethsemane's property to participate in on campus field trips and fire drills.

I understand that my child will, at all times, be under Christian supervision by adults. I, herewith, release any adult, or helper from any and all claims from any injury, which might be received during this event. The teacher has my permission to secure medical help if needed for my child in the event of any emergency. I specifically hereby give my consent to any physician or other medical personnel to give medical treatment to my child, _____, so long as the adult responsible for the above event has authorized such medical treatment. While my child is part of the event I may be reached at the following telephone number(s):

Parent's signature: _____

Please note if your child has any allergies or is taking medication on a regular basis: _____