

Concordia Preparatory School
1145 Concordia Drive
Towson, MD 21286
410-825-2323

**Middle School Field Trip-First Fruits
PERMISSION FORM**

I give my child _____ permission to
attend the Middle School Field Trip to First Fruits as schedule on the Concordia Prep School calendar.

I also give consent for the school officials to obtain, through a physician of their choice, such medical care as
may be reasonably necessary for the welfare of my child.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Phone : _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Medicine used by student: _____

Allergic reactions to: _____

Other pertinent information: _____

**PERMISSION FORM MUST BE RETURNED BEFORE THE STUDENT MAY ATTEND THE
FIELD TRIP TO FIRST FRUITS.**