

Dear Parent or Guardian of Jellyfish Class:

emergency, please contact:

Name:

Grace Lutheran School 2713 Flagler Avenue Key West, FL 33040

(305) 296-8262 ext. 153 • Fax (305) 296-0622

Phone:

glschoolkw@gmail.com ◆ www.glskw.org ◆ www.facebook.com/glskw

Your child is going on a field trip to <u>Key West Fire Department, North Roosevelt</u> on <u>Wednesday,</u>
September 17, 2025 Please read the information below, then sign and return the permission slip by
Friday, September 12, 2025 . This field trip is for students only. Students will be baking a
treat as a class and delivering it to our "Community Helpers" as a service project.
Field trip information:
Date:Wednesday, September 17
Location:KW Fire Department at 1600 N Roosevelt Blvd, Key West, FL
Cost:n/a
Means of transportation: <u>staff cars</u>
Time _ 10:15-11:00
has my permission to attend a field trip to KW Fire Department
on 09/17/25.

I give my permission for ______ to receive emergency medical treatment. In case of an

Parent/Guardian Signature: _____ Date: _____