



Field Trip Permission Form

Please print legibly, sign and return this form to your Sr. Educator.

I _____ hereby give permission for
(enrolling parent's name)

my child _____
(child's name)

to participate in the _____ Center's field trip to
(name of center)

_____ on _____.
(location) (date of trip)

In case of emergency, I can be reached by phone at _____.
(telephone number)

By signing this permission form, I understand that:

- ✓ My child will be in the direct supervision of an Educator while away from the center.
- ✓ In case of accident or illness during the field trip, if a parent or guardian cannot be reached, the Child Care Services staff will phone an ambulance and a staff member will accompany your child to the hospital.
- ✓ I am giving my authorization for emergency health services to be engaged for my child.

(Enrolling Parent's Signature)

(print name)

(date)