

FIELD TRIP PERMISSION

(Office use only)

Name of Facility

Field Trip Date

Field Trip Name and Location

Departure Time

Est. Time of Return

Mode of Transportation

Child's Name

EMERGENCY CONTACT INFORMATION

Phone number(s) where parent(s) may be reached: _____

Name of person(s) to call if parent(s) cannot be reached: _____

Telephone: _____ Relationship to child: _____

Address: _____

CONSENT FOR EMERGENCY MEDICAL CARE

I/We _____ Relation: _____ of _____
Parent/Guardian's name

do hereby request and give consent to the Director/Caregiver of the Child Care Facility, or his duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent(s) cannot be reached. Consent is also given for the Director/Caregiver or his duly appointed representative to transport said child for emergency medical treatment, if parent(s) cannot be reached. I additionally give consent for my child to attend the above named field trip.

Parent/Guardian Signature & Date

Witness Signature & Date