## Myles AheaD child care & learning center

# Field Trip Permission Form

|  |  |
| --- | --- |
| Your child’s class will be attending a field trip to: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Location |  | | |
| Cost |  | | |
| Transportation |  | | |
| Notes |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please return this permission slip by: | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| I give permission for my child | | | | | | |  | | | | in room | |  |  |
| to attend the field trip to | | | |  | | | | | | on |  | | |  |
| from |  | | | | | to | |  | | | | | |  |
| Enclosed is $ | | |  | | | to cover the cost of the trip. (Exact cash or check made payable to school.) | | | | | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | Phone |  |  |
| Parent/Guardian Signature | | | | |  | | | | | | | Date |  |  |
|  | | | | | | | | | | | | | | |

Myles Ahead Child Care & Learning Center 2014