



### Field Trip Permission Slip

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address : \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Work/Mobile: \_\_\_\_\_ Father's Work/Mobile: \_\_\_\_\_

Insurance: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

My son/daughter \_\_\_\_\_ has permission to go on field trips with the ALL ABOUT CHILDREN LEARNING. I understand that my child will be walking or traveling by a licensed school bus or van. I realize that every effort will be made to protect my son/daughter. I will not hold the ALL ABOUT CHILDREN LEARNING responsible for any accident and/or injury sustained. I further give the employees of ALL ABOUT CHILDREN LEARNING my permission to seek or administer qualified medical assistance in the event of injury or illness.

Any medical information which could be helpful in case of emergency (allergies, medications etc...)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_