

FIELD TRIP PERMISSION

Child's Name: _____

This form is to authorize my child's participation in all field trips organized and conducted by Puddle Jumpers Learning Center.

This form is also a statement of release of liability as detailed below.

Note: Information will be sent home prior to each field trip detailing where the field trip will take place. You, the parent/guardian, will be allowed to disallow your child's participation in any outing should you choose to do so.

The undersigned Parent/Guardian (hereinafter, "I") understands that the students will be chaperoned/supervised while en route, participating and during schedule time, and that normal precautions will be taken in their interest for safety and well-being.

In case of emergency, I give my approval and authorization for first-aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

This form must be signed and returned to Puddle Jumpers Learning Center director before the day of departure. No student will be permitted to go on the field trip that has not completed this form and returned it to the learning center.

Parent Signature

Date