



# FIELD TRIP AUTHORIZATION

\_\_\_\_\_  
*Resident's Name*

\_\_\_\_\_  
*Date of Birth*

## CONSENT

I, \_\_\_\_\_ authorize \_\_\_\_\_

to take the above-named resident to reasonable places i.e. movies, park, church, medical appointments, etc.

The facility and its staff will not be liable for any mishap or accident while in transit to and from the home and the venues for entertainment.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature (or Authorized)

\_\_\_\_\_  
Date