

*\*\*RETURN THIS FORM TO THE KIDS CROSSING OFFICE\*\**

## FIELD TRIP MEDICAL EMERGENCY/PERMANENT PERMISSION FORM

### Permanent Permission Form

My child, \_\_\_\_\_, has permission to be transported by Kids Crossing Learning Center to participate in field trips by bus which are planned as a part of the preschool curriculum. Before each field trip, an informational sign will be posted by my child's room to inform me of their plans.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Permit

In the event my child has a serious injury or illness while attending a Kids Crossing Learning Center field trip, and Kids Crossing personnel cannot contact me, I grant my permission for emergency medical treatment to have my child properly cared for, exempting all blame on Kids Crossing Learning Center.

My child's doctor is Dr. \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

My child's dentist is Dr. \_\_\_\_\_

Dentist's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

In case the physician cannot be reached, Kids Crossing Learning Center personnel may take my child to \_\_\_\_\_ hospital.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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