

Grandma's Place Child Development Center  
 @ Clark Family Center  
 Field Trip Permission Form

Place Powell Park, Kenilworth Park, neighborhood walks and the Playground at the Annex

Dates 2-5 days a week year round

Departure Time We will be going to the park for about 45 mins. between 9am and noon. We will be taking the children on walks or to the park two to three days a week, as well as using the playground next door at the Annex (2706 SE Powell Blvd.)

Form of Transportation Walking and Bye Bye Buggy. Preschool children will use the walking rope

Cost Free

Please Bring Appropriate clothing and outer wear for the day's weather. Shoes must have the laces or secure Velcro closures.

Emergency contact for the day of the Field Trip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Allergies/Special Conditions \_\_\_\_\_

I (parent's name) \_\_\_\_\_ give permission for my Child,

(Child's name) \_\_\_\_\_ to participate in regular walking field trips around the neighborhood to Powell Park and the annex building. I give Grandma's Place Child Care Staff permission to obtain and authorized any necessary medical treatment for my child, including transportation to the nearest hospital by ambulance in the event of an emergency. I understand I will be responsible for all costs related to ambulance transportation.

**Authorization**

This is to certify that the information on this form has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would in danger him/her or other children. In addition, I hereby waive and release any and all rights and claims for damages I have against Grandma's Place Child Care Centers and/or their representatives, successors and/or assigned for any or all injuries which may be suffered with my child as long as Grandma's Place Child Care Centers acts responsibly and not neglectful.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Card**

Child's Name	Birthdate
Parent/Legal Guardian	Parent/Legal Guardian
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Address	Address
City/Zip	City/Zip
First Emergency Contact	Allergies and other important health issues
Name	
Home Phone	
Cell Phone	
Work Phone	
Address	On the back of this card list the names and phone numbers of all other people authorized to pick up your child
City/Zip	