

# FIELD TRIP PERMISSION FORM

THE CHILDREN'S HOUSE - WWW.TCHINDY.ORG



One registration form must be completed for each individual student/sibling who wishes to participate in Field Trips during the School Year.

Student Name	Date of Birth
Allergies/medications/special needs?	

Parent/Guardian's Name		
Phone	Work Phone	Mobile Phone

Emergency Contact Name		
Phone	Work Phone	Mobile Phone

Emergency Contact Name		
Phone	Work Phone	Mobile Phone

I agree to allow my child to attend The Children's House's scheduled and unscheduled field trips during the school year. In the event of an emergency and if I cannot be reached at the number(s) listed above, I authorize The Children's House to make decisions, medical and otherwise, that they deem are in the best interest of my child.

Parent/Guardian Signature	Date
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Please initial if you agreed to be a driver:

\_\_\_\_\_ I have checked with my auto insurance provider and made certain that I am fully covered to provide transportation for participants of any field trip(s). Also, I agree not to speak on a mobile phone while transporting children in my vehicle.