



Field Trip Permission Form

Child's Name: _____

My child has my permission to go with Kids Central, Inc. to _____

on ___/___/___, leaving at ___:___ and returning by ___:___, to participate in _____
Date Time

Name of activity of event

Items for your child to bring:

- Warm Clothes (Jacket, hat, gloves, etc.)
- Change of Clothing
- Towel
- Other, specify _____

EMERGENCY MEDICAL CARE AUTHORIZATION

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Kids Central, Inc., or their designated staff member, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian's Signature

Date

Kids Central Staff's Signature