



Field Trip Authorization for 2012

Child's Name: _____

Has my permission to go on any field trip scheduled by Kids 'R' Kids. I understand that I will be notified of any such trips. If fees are involved, I am responsible. If on the date of the trip some circumstance should arise that my child cannot go, I understand that there will be no school on that day and I will make other arrangements for my child.

If your child will not be attending on a field trip day, please notify the teacher.

SIGNED: _____ DATE: _____

Parent or Guardian

Child Emergency Card

Name _____
Last First Middle

Address _____
Include city and zip

Phone _____ Birthdate _____
 Male Female

Lives with Mother Father Guardian Other: _____

To Parent/Guardian: In case of accident or illness at field trip, we need the following:

Father: _____ Phone: _____

Mother: _____ Phone: _____

Name and phone number of two adults we may call if you are not available.

_____ Relationship: _____

_____ Relationship: _____

Health Concerns: Specify and explain fully. (Include chronic conditions, limitations, medications, special needs, etc.):

Doctor: _____
Name Telephone Hospital

My child can swim can not swim.

I do hereby authorize officials of Kids 'R' Kids to contact directly the persons named on this card, and do authorize the named physician and his associates to render such treatments as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other persons named on this card cannot be reached, Kids R Kids #5 and officials are hereby authorized to take whatever action is deemed necessary in the judgment for the health of aforesaid child.

I HAVE READ THIS CARD AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

Date: _____ Signature of parent / guardian: _____