



Permission Slip for Center Field Trips

I give permission for _____
to attend the field trips at "Seed of Life Center for
Early Learning and Preschool Inc". I give permission
to the providers to take the above named child on
field trips and outings and understand that he/she
will participate in a variety of activities or classes,
including but not limited to: sports, (basketball,
soccer, tennis, flag-football, baseball, softball, T-ball,
tumbling, aerobics), crafts, movies, cooking
(supervised), computers, dance and drama.

I also understand that he/she, may participate in
outings including, but not limited to: skating, theater,
bowling, museums, shopping at stores, nature
studies, and that he/she may travel by car, van, light
rail, or bus approved by the city. "Seed of Life Center
for Early Learning and Preschool Inc", is not
responsible for any personal items lost or stolen.
Please instruct your child to leave valuables at home.

I give permission for the above child to be treated by a
licensed medical professional as deemed necessary
by "Seed of Life Center for Early Learning and
Preschool Inc" staff, and for them to secure for that
child medical, dental, surgical, X-rays and anesthesia
help as they deem necessary.

I understand that if there is a discipline problem with
this child, I will be responsible to come get him/her. I
also accept financial responsibility for any damages
done by the above named child. I grant permission
for photographs of my child to be used by "Seed of
Life Center for Early Learning and Preschool Inc".



Signature Parent/Guardian	Date Signed
Parent(s) Name (Print)	Phone Hm/Wk
Street Address	Phone
Address	Date of Birth
	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Emergency Contact/Phone	Relationship
Doctor's Name	Phone/Hospital
Physical Allergies/Limitations	Any Medication

Please provide any other information that you feel would be need during an emergency.