

PERMISSION SLIP FOR FIELD TRIPS/ EXCURSIONS

On special occasions during the year, the Tree House offers field trips and excursions to different destinations. We believe this enhances the learning experiences for our children.

In order to do this, we are required to have on file permission forms the parents or guardians have completed that allows your child to join us on these outings.

Please complete and sign this form. It will be kept on file in our office.

I give permission to allow my child _____

to accompany the teachers of the Tree House on any field trips/outings that take place during the year.

Parent/ Guardian name: (Please print) _____

Parent's Signature: _____

Date: _____

Please attach a
clear photo of
your child's face
here

Name _____ date of birth d/m/y _____

Address _____ home phone _____

_____ allergies _____

Mother's name _____ cell # _____

Father's name _____ cell # _____

Doctor _____ # _____

Care card# _____

Alternate contact _____ # _____

Date _____ Alternate contact _____ # _____

Out of Area Contact _____ # _____

Special conditions _____

Parent/Guardian signature _____

Tree House Consent Form, for Medical Attention

If a child should require medical attention, our procedure is as follows. To the best of our ability assist the child, notify a parent and call for immediate help for your child. On rare occasions, if we cannot contact a parent we need to have this signed consent form on file so that we can take appropriate action on behalf of your child. This form will come with your child to the clinic or emergency room, giving us permission to seek help for them.

My child's name _____

Care Card # _____

I authorize the staff or person in charge of IRWIN PARK TREEHOUSE to call a physician; take my child to the nearest emergency center; or call an ambulance for emergency medical aid; should the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I understand I shall be notified as soon as possible. I agree that any cost incurred for such service shall be the sole responsibility of myself.

Parent/guardian signature _____

Date _____ Witness _____