

KID'S RESORT 2012
FIELD TRIP PERMISSION SLIP

CHILD'S NAME ADDRESS	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	BIRTHDATE	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
MOTHER'S NAME FATHER'S NAME EMERGENCY CONTACT	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
DR./ HOSPITAL ADDRESS	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	PHONE NUMBER	<input style="width: 95%; height: 20px;" type="text"/>

I give permission for _____ to participate in all field trips provided by KID'S RESORT.

I give permission for _____ to participate in some field trips provided by KID'S RESORT.

I understand that all field trips for the month will be posted on the field trip wall. I will notify KID'S RESORT in writing if my child will not be able to participate.

I understand that a throw away sack is needed for lunches on field trips.

Parent Signature / Date

I give permission for KID'S RESORT staff to take all necessary action in the event _____ needs first-aid and/or emergency medical attention.

I give permission for the above named Dr. / Hospital or other licensed physician / Hospital to take all necessary action in the event _____ needs emergency medical care.

My child does not have any allergies to bites, plants, food or medication.

My child is allergic to the following: _____

Parent Signature / Date

PLEASE NOTE: Texas Child Care Licensing requires a safety seat for all children who are ages 5-7 and less than 4 ft. 9 in. during transportation. **Parents are to provide the safety seat.**