



Field Trip Permission Form

I do hereby give permission for my child _____
to attend all scheduled field trips.

I do realize that the staff of Kids 'R' Kids _____ will do everything in their
power to protect my child during these activities/field trips; however, I will not hold them
responsible for any accidents or injury.

Emergency Contact Information

Mother's Name _____ Phone # _____

Father's name _____ Phone # _____

Emer. Contact _____ Phone # _____

In the event I am unable to be contacted in an emergency, please contact the individuals
listed in my child's file.

Authorization for Emergency Medical Care

I hereby authorize the Owner, Director or Staff member representing Kids 'R' Kids
_____ to give consent for any and all emergency medical care for my child,
named above, while said child is in the care of Kids 'R' Kids _____.

I understand Kids 'R' Kids _____ will transport my child to the nearest medical
facility in the event my child is in need of medical attention.

My signature represents I understand the conditions set forth by Kids 'R' Kids
_____ and have verified all information in my child's file to be correct.

Parent/Guardian

Date