

Temple Isaiah Preschool Field Trip Consent Form

Class going on Field Trip _____

Destination & Address of Field Trip _____

Date of Field Trip _____

Time Leaving School _____ Time Returning to School _____

Class will eat lunch at school at field trip site.

* * *

PARENTS MUST SIGN THE INFO BELOW AND SUBMIT TO TEACHER

My child _____ has my permission to take field trips outside the Temple grounds as part of the preschool program, including the above mentioned trip. Notice of field trips and drivers will be sent to me via my child's mailbox or via email from my child's teacher. I understand that the children will travel from Temple Isaiah and back by private automobile, bus or foot. I hereby release Temple Isaiah and its employees from any liability in the event of an accident.

In the event that my child becomes ill or sustains injury while in the care of Temple Isaiah Preschool, I hereby give consent to Temple Isaiah Preschool to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent's Signature _____

Mom's Name _____ Mom's Cell _____

Dad's Name _____ Dad's Cell _____

Doctor's Name _____ Doctor's Tel _____

Child's allergies: _____