



Field Trip Permission Slip

Field Trip Location: _____

Date of Trip: ____ / ____ / ____ Leaving at: ____ : ____ Returning at: ____ : ____

Fee: \$ ____ . ____ Please provide a Car Seat or appropriate restraint.

Parent's Name: _____

Child's Name: _____

Emergency Phone Number: (____) ____ - ____

Do you carry liability insurance? YES NO

Does your child have any physical limitations? YES NO
If yes, please explain: _____

Does your child have any allergies? YES NO
If yes, please explain: _____

Is your child taking any type of medication? YES NO
If yes, please explain: _____

Can you assist in transportation? YES NO
If Yes, how many children (including your own) can you provide rear seating for? _____

Medical Release:

I agree to hold harmless the Auburn Montessori School from any claim or damages resulting to my child on this field trip unless said injuries were proven to be the result of negligence of the part of the school. I agree to have my child treated for emergency medical or dental that should result form injuries received providing such treatment is advised by a licensed physician or dentist. I accept full responsibility for all cost associated with such emergency treatment. Auburn Montessori is authorized to seek emergency medical treatment for my child

Signed: _____ Date: ____ / ____ / ____