



Field Trip Permission Form

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

I hereby give permission for _____ to take
(name of child provider)

my child, _____ on the following field trip:
(name of child)

Field trip address/location: _____

Date of field trip: _____

Departing at _____ am/pm and returning approximately at _____ am/pm.

Traveling by: (check all that apply)

Van Car Bus Walking Other _____

In case of an emergency I give permission for my child to receive medical attention.

Emergency contact name and number for day of field trip:

Name : _____ Phone number: _____

(Signature of Parent/Guardian)

(Date of signature)