HOPE CHILD DEVELOPMENT CENTER

WALKING PERMISSION FORM

This form is for the purpose of registering my child in the Hope Child Development Center. Please complete the form in its entirety.

For Office Use Only

Date of Enrollment_____

Date of Authorization _____

It is customary for teachers to take their classes on walking field trips in the community throughout the year. The purpose of such walks is varied. Students may observe neighborhood architecture and urban plants and animals or visit interesting places in the community such as the public library, local businesses and parks. Under no circumstances can a child participate in a walking field trip unless this signed form is on file at the Center. The trip destination will be posted in the classroom.

Separate permission forms will always be used when any form of transportation is involved, or a trip involves an overnight stay.

AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the Center staff to secure proper treatment for my child and that I will be responsible for said expense.

Prescription or over-the-counter medication*:* I certify that I have on file in the Center, a current form stating all medications that my child must take.

I, _____ parent/guardian of_____

give permission for my child to accompany his/her class on walking field trips planned and supervised by Center staff with the understanding that Center personnel will make every effort to arrange for a safe walk route and supervision to and from the Center site.

Sign and Date: _____