

*****YOUR CHILD WILL NOT BE PERMITTED TO ATTEND ANY FIELD TRIPS UNTIL THIS FORM IS RETURNED TO A KIDDIE PREP SCHOOL-AGE TEACHER*****

KIDDIE PREP SCHOOL FIELD TRIP MEDICAL EMERGENCY/PERMANENT PERMISSION FORM

Student's Name: _____

Street Address _____ City _____ Zip Code _____

Mother's Name _____ Email Address _____

Home # _____ Work # _____ Cell # _____

Father's Name _____ Email Address _____

Home # _____ Work # _____ Cell # _____

Person the student currently resides with: _____ Relationship to Child _____

Name of a responsible person who can be called to come for your child in case of illness or other emergency if parents cannot be reached:

Name _____ Relationship to Child _____

Home # _____ Work # _____ Cell # _____

Permanent Permission Form

Occasionally, children are photographed or videotaped for use in communications and marketing materials. We ask that you sign below if your child has your permission to be photographed while attending Kiddie Prep School.

Parent Signature: _____ **Date:** _____

Emergency Medical Permit

In the event my child has a serious injury or illness while attending a Kiddie Prep School field trip, and Kiddie Prep School personnel cannot contact me, I grant my permission for emergency medical treatment to have my child properly cared for, exempting all blame on Kiddie Prep School.

My child's doctor is Dr. _____

Physician's Phone Number _____ Address _____

My child's dentist is Dr. _____

Dentist's Phone Number _____ Address _____

In case the physician cannot be reached, Kiddie Prep School Personnel may take my child to _____ Hospital.

Parent Signature: _____ **Date:** _____

*****RETURN THIS FORM TO THE KIDDIE PREP SCHOOL-AGE TEACHERS*****