

## Field Trip Permission



I understand that from time to time my child \_\_\_\_\_, may have an opportunity to participate in trips that will take him/her away from the Center, I understand that these trips will be under the direct supervision of the staff at Kinder Explorers, and that my child will be transported in a Center owned or contracted vehicle.

It is furthermore understood that I will be advised by the teacher as to the nature of each trip in the following manner:

- Place and objective of the trip
- Time of departure.
- Mode of transportation.
- Cost of trip.
- Lunch Arrangement

I hereby give permission to the medical personnel selected by the Center director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the center director to secure and administer treatment, including hospitalization, for my child named above.

The undersigned agrees to release, hold harmless and indemnify Kinder Explorers, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the Center, or its agents, representatives, or employees.

Describe on the lines below any medical or physical conditions, limitations, or needs of the above named child that the trip staff should be aware of, in order to ensure that all the children have a safe field trip:

---

---

\_\_\_\_\_  
Parent or Guardian (Print name)

PLEASE SIGN HERE: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

**NO CHILD WILL BE PERMITTED TO GO ON A FIELD TRIP WITHOUT THIS SIGNED FORM ON FILE.**