

DATE OF PERMISSION:	(Va	lid	for	One	Year	·)

## CHILD'S NAME

FIRST LAST			M.I.	
AGE	DATE OF BIRTH		GENDER	

Dear Parents/Legal Guardians,

To help support healthy living and youth development, we love to take every opportunity to get the children "out and about" as often as possible. We would like your permission to take your child for short walks and other excursions throughout the school grounds, both indoors and outdoors. This may include walks around the grounds for outdoor education and exploration or visiting the school auditorium for a presentation.

**Destination:** 

In building and/or on grounds

Mode of Transportation:

Walking

\*NOTE: Children WILL NOT have access to water that is 18 inches or more in depth, during these trips. No water activities will be planned.

During our excursions, we follow very strict safety procedures including proper staffing, carrying emergency contact information for each child, bringing along a first aid kit, and we always have a form of communication with us. These small walking trips may happen at random times throughout the day as weather and opportunities allow.

By signing below, you are giving us permission to include your child in these opportunities and acknowledge that we have informed you of our safety and walking field trip procedures.

I give permission for my child, named below, to participate in walking field trips and excursions throughout the year as opportunity and weather allows. I am also aware that the staff has my child's emergency contact information with them at all times.

## **PARENT/LEGAL GUARDIAN**

First Name:\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_