

Emergency, Transportation and Field Trip Release

Child's Name _____ Birth date _____

Home Address _____

Mother's Name _____ Father's Name _____

Mother's Work Number _____ Father's Work Number _____

Mother's Cell phone _____ Father's Cell Phone _____

Doctors Name _____ Phone _____

Emergency Contacts: (Parents will be called first. If parents cannot be reached please list 2 other contacts below)

_____ Phone _____

_____ Phone _____

Food And Drug Allergies _____

Permission To Transport To Medical Facility

I, _____, give my permission for the staff at Children's Classic Child Care to transport my child, _____, to the nearest or most appropriate medical facility or hospital in the event of an emergency.

Hospital Preference: _____

In my absence, I authorize the staff at Children's Classic, to allow my child to be treated by emergency personal, including but not limited to, doctors, nurses, paramedics, and other emergency medical team members.

Permission to Transport To public Schools & Field Trips permission Slip

I, _____, give my permission for my child, _____, to participate in the transportation and field trip program at Children's Classic. I agree to hold the center harmless and its employees and/or volunteers in the event of an accident to my child.

I understand that transportation will be provided by either a Children's Classic employee in a Children's Classic Vehicle, or by *First Student* or *UTA* bussing services. I also understand that occasionally the children may walk to the park near our school.

I understand that if my child's behavior during transportation endangers his/her safety or the safety of others that he/she will be excluded from one or more field trips and refunds will not be given.

Parents Signature: _____ Date: _____