

**FIELD TRIP INFORMATION AND AUTHORIZATION FORM**

**Child's** Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ SSN \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell / Pager (\_\_\_\_) \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ SSN \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell / Pager (\_\_\_\_) \_\_\_\_\_

**In case of an emergency in which the parents cannot be reached, please call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell / Pager (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell / Pager (\_\_\_\_) \_\_\_\_\_

**\*\*\*\*\*SPECIAL EMERGENCY REFERRAL INSTRUCTIONS\*\*\*\*\***

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\*I hereby authorize JUNIOR'S JUNCTION CHILDCARE CENTER to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot be reached.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FIELD TRIP PERMISSION**

I hereby grant permission for my child \_\_\_\_\_ to participate in field trips. I understand that the school will do everything within its power to provide individual child safety on these trips. I am sure that the school, director, teachers, employees and voluntary help cannot assume responsibility for any injury or damage which might result during the course of any field trip.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date