

Preschool Field Trip Permission Form

Preschool Name: _____

Field Trip Date: _____

Field Trip Location: _____

Child Information

Name: _____ Age: _____

Parent/Guardian Details

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Trip Details

Departure Time: _____ Return Time: _____

Purpose of the Trip: _____

Special Instructions

Does your child have any special needs, allergies, or medications?

Yes No

If yes, explain: _____

Emergency Authorization

In case of emergency, I authorize the staff to take appropriate medical action for my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____