The Children's House
Field Trip Permission Slip

Student Name: _____

Date of Birth: _____

Allergies: _____

Parent/Guardian: _____

Contact Number(s): _____

Emergency Contact: _____

I agree to allow my child to attend scheduled and unscheduled field trips during the 2026/2027 school year.. In the event of an emergency, and if I or my emergency contact cannot be reached at the number(s) listed above, I authorize The Children's House to make decisions, medical and otherwise, that they deem to be in the best interest of my child.

_____ _____

Parent/Guardian (Signature) Date