

Little Sunshines @ The Old Fork Elementary
12536 Harford Rd
Fork, MD 21051
443-844-6366

Field Trip Permission Slip

Name: _____

Address: _____

Age: _____ Social Security Number: _____

Parent's Name _____

Address (If Different): _____

Telephone Numbers: _____

Home _____

Mother's Work/Mobile _____ Father's Work/Mobile: _____

Email Address: _____

Insurance: _____

Name of Company: _____

Policy Number: _____

Type of Insurance: _____

My son/daughter _____ has permission to go on field trips with the Little Sunshines @ The Old Fork Elementary. I understand that my child will be walking or traveling by a licensed school bus or van. I realize that every effort will be made to protect my son/daughter. I will not hold the Little Sunshines @ The Old Fork Elementary responsible for any accident and/or injury sustained. I further give the employees of Little Sunshines @ The Old Fork Elementary my permission to seek or administer qualified medical assistance in the event of injury or illness.

Any medical information which could be helpful in case of emergency (allergies, medications etc...)

Signature of Parent/Guardian _____ Date _____

Signature of Director _____ Date _____