PARENTAL PERMISSION FOR TRANSPORTATION (FIELD TRIPS)

I, (parent's name)	the parent/legal guardian
Of (Child's name)	gives <u>The Willow Tree Child Care</u> transport my child by (car, public transportation, or by
INITIALS:	
	al, as part of the preschool program um, library, Tanaka Farms, museums)
Child's allergies:	Date of last tetanus:
Child's physician:	Phone Number:
Parent's Name:	Home:
Work:	Cell:
Second emergency: (must be on emerge	ncy list)
Name:	Phone Number:
(keep top in master f	ile, cut bottom and take on field trips)
	(FIELD TRIPS) the parent/legal guardian
	gives <u>The Willow Tree Child Care &</u> nsport my child by (car, public transportation, or by
INITIALS:	
	al, as part of the preschool program um, library, Tanaka Farms, museums) y
Child's allergies:	Date of last tetanus:
Child's physician:	Phone Number:
Parent's Name:	Home:
	Cell:
Second emergency: (must be on emerge	ncy list)
Name:	Phone Number: