

**FIELD TRIP
TRAVEL AND ACTIVITY AUTHORIZATION**

I, _____ parent/guardian of
(name of parent/guardian)
_____ give my permission to
(name of child)

Early Childhood Center for my child to participate in the following activity

Field trip away from the facility to: _____

Address: _____

Date of Activity: _____

Time of Departure: _____

Time of Return to ECC: _____

Transportation to be provided by:

- ECC Van
- Parent vehicle
- Walking

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules I Rule .1000 when my child is transported in a vehicle. I will provide an age/weight appropriate child restraint device for my child use on this trip.

Parent / Guardian Signature

Date signed

One copy is to be signed and returned to the teacher and one copy given to the parent prior to the trip. After the trip the form is to be returned to the office and filed in the child's file folder.