

# Lakeland's Little Learners Field Trip Permission Slip Summer 2020

Child's Name: \_\_\_\_\_

Parent/Guardian 1

Last Name:	First Name:	
Cell Phone:	Work Phone:	
Home Address:	City:	State:
Work Address:	City:	State:

Where will Parent/Guardian 1 be located during School Hours:

Work

Home

Parent/Guardian 2

Last Name:	First Name:	
Cell Phone:	Work Phone:	
Home Address:	City:	State:
Work Address:	City:	State:

Where will Parent/Guardian 2 be located during School Hours:

Work

Home

Emergency Contact (Cannot be a Parent/Guardian)

Last Name:	First Name:	
Cell Phone:	Work Phone:	
Street Address:	City:	State:

Child's Primary Health Care Provider

Name:	Clinic:
Phone:	Street Address:
City:	State:

Allergies/Special Needs (Please describe)

I authorize Lakeland's Little Learners to take my child on a field trip and give permission for LLL staff to seek emergency medical care if needed on the date(s) indicated in the newsletters provided one week prior to the trip. Transportation will be provided via the center bus and a licensed CDL driver. The destination and times will be announced in a newsletter one week prior to the trip. Trips may include the Apple Barn, Pearce's Pumpkin Patch, and other local destinations.

**X**

Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian

OFFICE USE ONLY Classroom:
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