



Field Trip Permission Form

Your child's class will be taking a field trip every day.

Location: 4023 Cesar Chavez Street (between Noe and Sanchez Street)
Noe Valley, San Francisco

Additional Information Directors cell phone are: 415.886.5968 or phone: 415.529.1889
Teachers cell phone are:

Teachers may not be able to answer phone calls right away but please leave a voicemail with a number to reach you.

I give my child, _____

permission to go on a fieldtrips with his/her class unless I instruct otherwise in writing.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

	Name	Phone Number
1.		
2.		
3.		

My child has special dietary or medical needs such as: _____

Parent's/Guardian's Signature

Date

Parents are welcome and encouraged to participate in field trip activities.

Parent chaperones may or may not be necessary for this trip. Please indicate your willingness to assist.
If your assistance is needed, the Day Care will contact you.

Yes, I am available to serve as a chaperone. I can be reached at .