

ACTIVITY AND FIELD TRIP PERMISSION

I give SSM Health Child Care Center permission for my child, _____ to participate in the scheduled *field trip activities. I understand that all field trips will be conducted in accordance with state regulations, SSMHCCC regulations and the Field Trip Policy as found in my Parent Handbook.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

I do **NOT** give my permission for my child, _____ to go on field trips.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

*Field trip refers to walking trips in the neighborhood as well as outings involving public transportation. Infants through 3 years of age are excluded from motorized field trips.