

# Small Wonders

Early Learning Center

## Field Trip Permit

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Name (Last) (First) (M.I.) Date

I understand that during the year my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from the facility.

Should any accident occur while my child is away from the facility on aforementioned trip, I shall not hold the child's caretaker, members and its employees, nor any participating adult responsible.

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Signature of Parent/Guardian Date

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I do not wish my child to take part in the aforementioned field trips or educational excursions.

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Signature of Parent/Guardian Date