

North Wall Schools
Field Trip Permission Slip

DESTINATION:

DATE:

TIMES:

For safety purposes children must leave and return with North Wall Staff unless the parent is attending the field trip and is responsible for transporting their child in both directions. Driver must check that passengers seatbelts are properly adjusted and securely fastened around child's body.

- If your child has a North Wall T-Shirt he/she may child wear it on the field trip.
- All North Wall children must bring and wear life jackets for any field trip to a lake, any pool, or wading pool above 12 inches except for swim lessons.

My child has my permission to go on the above field trip with the North Wall Child Development Center.

I, _____, the parent/guardian of _____ authorize and consent to medical care and emergency surgery including hospital care, treatment and procedures performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable to safeguard my child's health. If I cannot be contacted, I waive my right of informed consent to such treatment.

- I am providing a car seat with harness -per manufacturer recommendation ages 2-4
- I am providing a booster seat over age four but under 4'9 per manufacturer recommendation
- My child is over 4'9" and 8 -12 years and meets requirements to use a shoulderstrap and lap belt comfortably

I understand that my child over age 5 and under 4'9 may need to use a "lap belt only" per exemption of a passenger van when lap belts are only available.

(Parent/Guardian Signature)

(Date)

It is your turn to drive & chaperone (if checked) _____. Please check off and sign below.

_____ My car is in safe operable condition. Vehicle License # _____

_____ I have a valid Washington driver's license. Driver's License # _____

_____ I have car insurance.

_____ I have adequate seat belts in my car for each child.

_____ I have requested a Portable Background Check

_____ I have current 1st Aid and CPR documentation on file in the North Wall Office

_____ I feel capable of being responsible for 2 to 4 children to and from North Wall.
(maximum of two 2 yr olds; three 3 yr. olds; four 4 yr olds, and five 5-8 year olds)

_____ I will provide a non-smoking/vaping vehicle to transport children.

(Signature of Parent Driver)

(Date)

MEDICAL HISTORY

Health or developmental concerns or issues _____

Date of last physical _____ (must be within one year and not immunization visit)

Child's Physician _____ Physician Phone _____ Physician Address _____

Child's Dentist _____ Dentist Phone _____ Dentist Address _____

Allergies (please list): _____

Expected Symptoms: _____

Method of Treatment: _____

Medical History: _____

List of current medications: _____

Individual plan for life threatening condition: _____