

L'Ecole des Petits
Field Trips/ Excursions Permission Form

I, _____, hereby give my consent for my child, _____, to leave the L'ecole des Petits classroom premises for authorized field trips and outings under the supervision of the L'Ecole des Petits Playschool staff.

All walking distance, beyond 1 km, and traveling field trips outside of L'ecole des Petits property require separate permission for each outing.

Date

Signature of parent/guardian

L'Ecole des Petits
Emergency Consent

In case of an accident, I give consent for any emergency medical treatment as may be deemed necessary by the Playschool staff to be given to my child, _____.

This includes allowing L'ecole des Petits employees to administer First Aid, and or to call 911 to obtain Medical Rescue, costs to be covered by the parent/ guardian of child.

Date

Signature of parent/guardian

If your child requires medication for allergies, health issues, etc, please fill out the **Medical Record Form**, to be added to your registration package. This allows L'Ecole des Petits employees to administer medication when necessary and for general knowledge.