

General Field Trip Authorization

I, give		
(Parent's name)	(Care Provider's name)	
and their employees (if applicable), per	rmission to take my child,	
	(Child's name)	
on short field trips and other outings as	,	
This includes transportation by car, bus restrained in any vehicle.	s, taxi, or on foot AND is granted only if my child will be appropriately	
Parent Signature	Date	
Care Provider Signature		



Specific Field Trip Authorization

I win o	
I,(Parent's name)	give(Care Provider's name)
and their employees (if applicable), permission to take	e my child, (Child's name)
to This include (specific location)	es transportation by
This permission is granted only if my child will be appr	opriately restrained in any vehicle and for this trip only.
Parent Signature	Date
Care Provider Signature	 Date