

Crescent Park Child Development Center
Parent/Guardian Field Trip Permission and Waiver

Today's Date _____

_____ has my permission to go on the following field trip:

Destination:

Time:

Date:

Cost:

Details:

_____ I will drive for the field trip. I have room for _____ extra car seats in my car. My auto insurance policy number is _____
My driver license # is _____.

_____ I cannot take any other children in my car other than my own.

_____ I cannot drive on the field trip and will not be able to accompany my child.
My child will need transportation.

I understand and agree that I will hold Crescent Park Child Community Child Care, its officers, agents and employees, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian Name _____ Date _____

Address _____ Phone _____