

### Field Trip Permission Form

My child, \_\_\_\_\_, has my permission to participate and travel with the Kids First School Age Summer Program and any field trips planned by the center. I understand that my child will be transported on the Trussville First United Methodist Church bus or van. I also understand that adequate supervision will be provided during the entire trip and that only qualified drivers will be asked to drive.

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Signed \_\_\_\_\_

Date \_\_\_\_\_

### Health Information

Please list any allergies or medical conditions:

\_\_\_\_\_

Does your child require any medicine to be given during the day? \_\_\_\_\_ If so, please list medicine, dosage, and time the medicine will be given:

\_\_\_\_\_

I understand parents are required to fill out the attached Medication Authorization Form for ALL medications, including sunscreen application. \_\_\_\_\_ (initial)

### Emergency Contact Information

Please list parents name and phone number to contact in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent Permission to Photograph/Video children

I hereby grant permission for my child, \_\_\_\_\_ to be filmed, video recorded, and/or photographed for public information and instructional purposes on the premises of Kids First Day School, First United Methodist Church Trussville and on field trips with Kids First Day School, School Age Summer Program, First United Methodist Church Trussville.

I, \_\_\_\_\_, understand that my child's photograph or visual image may be reproduced in the First United Methodist Church Trussville bulletins, newspaper, film, website or video recordings for public view.

Parent/s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Trip Shirt

My child's t-shirt size: YOUTH size: \_\_\_\_\_ ADULT size: \_\_\_\_\_

Shirt cost is included with Field Trip fee. Field trip shirts will remain at the center until the end of the summer.