



This form must be completed and returned to the front office before your child can take part in an A B C Palace field trip. Please fill in the destination and date for this specific trip below.

CHILD INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

CLASS / AGE GROUP

PARENT OR GUARDIAN NAME

TRIP DETAILS

DESTINATION

DATE OF TRIP

DEPARTURE TIME

RETURN TIME

FOR THIS TRIP, PLEASE NOTE

ALLERGIES OR MEDICAL REMINDERS FOR THE CHAPERONE (IF ANY)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

CONSENT

I, the undersigned parent or guardian, give permission for my child to take part in the field trip described above, organized by A B C Palace Daycare Center & Nursery. I understand that reasonable precautions will be taken for my child's safety and that A B C Palace staff will supervise the group throughout the activity.

PARENT / GUARDIAN SIGNATURE

DATE

PRINTED NAME
