

MANNING REGIONAL CHILD CARE ASSOCIATION

MANNING OUT OF SCHOOL CARE PROGRAM

FIELD TRIP PERMISSION

I, _____, give permission for my child/ren,

_____ to leave the Out of School Care building on _____ at _____

They will be going to. _____

They will be returning to the Out of School Care building at approximately _____

I understand and have consented to my child walking to the destination. I am aware that Parents are always welcome to participate in the outing.

Parent Signature _____ Date: _____

Staff cell phone number _____

PLAN:

Travelling time, reason for trip, plan for snacks, meals, adults present, other comments.

Number of Staff _____

CHECKLIST FOR STAFF:

Before leaving ensure that you have:

- Emergency contact cards
- Cell phone
- Supplies—kleenex, sunscreen, wipes, extra clothes, etc.
- First Aid supplies