
FIELD TRIP PERMISSION FORM

_____ I give my child(ren) _____
permission to go on walking and riding field trips that are coordinated by the
classroom teacher.

_____ I do not give my child(ren) _____
Permission to go on walking and riding field trips that are coordinated by the
classroom teacher; in which case, I am responsible for finding alternate care at
the time of the field trip.

(Parents Signature)

(Date)

AUDIO VISUAL PERMISSION FORM

_____ I give my consent for Rock Bridge Preschool to take pictures and/or video
footage of my child which will be used for classroom purposes only.

_____ I do not give my consent for Rock Bridge Preschool to take pictures and/or
video footage of my child at any time.

Childs Name

(Parents Signature)

(Date)