

## Walking Field Trip Permission Form

Dear Parent or Guardian,

Your child will participate in classroom walk while enrolled in Angel Care Preschool and Child Care. . There is no cost for this enrichment opportunity. Please, sign and return the permission slip at the bottom of this form as soon as possible.

Save this part for future reference.

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Sign this part of the form and return to Angel Care.

\_\_\_\_\_ has my permission to participate in walking field trips with his/her classroom at Angel Care Preschool and Child Care.

I give permission for \_\_\_\_\_ to receive emergency treatment. In an emergency, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date