



**ABIDING HOPE PRESCHOOL + KINDERGARTEN
WALKING FIELD TRIP PERMISSION FORM**

<i>Date</i>	June 2024-August 2024	<i>Time</i>	Between 9:00 AM and 3:00 PM
<i>Location</i>	Powderhorn Park (north across Coal Mine), Water's Edge Park (12819 W. Coal Mine Ave., Littleton, CO)		
<i>Cost</i>	\$0		
<i>Transportation</i>	Walking		
<i>Notes</i>	This is a blanket permission form letting us walk across the street or a couple of blocks to play at the parks rather than stay in the building. If another location not listed on this form is chosen, parents will be notified by the teacher prior to the field trip. We will always look at the weather before we leave. Please apply sunscreen prior to camp, send your child in appropriate walking shoes and with a full water bottle. Children in classes younger than the Dolphins will not be leaving the school grounds.		

I give permission for my child(ren) _____ to attend the field trips mentioned above. The emergency phone number I may be reached at is _____ and my name is _____.

I release Abiding Hope Lutheran Church and Abiding Hope Preschool and Kindergarten and all individuals from liability in case of accident during activities related to Abiding Hope Preschool and Kindergarten, as long as normal safety procedures have been taken.

Date: _____ Printed Name: _____

Parent Signature: _____

-OVER-

Authorization for Emergency Medical Care

I hereby give my permission for **ABIDING HOPE PRESCHOOL** to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child,

_____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

_____ Date _____

Phone number _____ Printed Name _____

Name, address and phone number of child's doctor _____

Name, address and phone number of child's dentist _____

Hospital of Preference **(Please circle one)**

The Children's Hospital
1811 Plaza Dr,
Highlands Ranch, CO 80129
720-478-1234

Swedish Hospital
501 E. Hampden Ave
Englewood, CO 80113
303-788-5000

Littleton Hospital
7700 S. Broadway
Littleton, CO 80122
303-730-8900

Other: _____

Chronic Medical conditions: _____

Food Allergies: _____

Is the child on any medications? (Explain): _____

If yes, please describe: _____

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____