



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

<i>Date</i>		<i>Time</i>	<b>Between 9:00 AM and 3:00 PM</b>
<i>Location</i>	<b>Powderhorn Park (north across Coal Mine) or Water's Edge Park (12819 W. Coal Mine Ave., Littleton, CO)</b>		
<i>Cost</i>	<b>\$0</b>		
<i>Transportation</i>	<b>Walking</b>		
<i>Notes</i>	<b>Weather permitting, children may walk across the street or a couple of blocks to the west to play at the parks rather than stay in the building. We will always look at the weather before we leave.</b>		

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,

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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 \_\_\_\_\_ Mom Dad **(Please circle one)**

Printed Name \_\_\_\_\_

Name, address and phone number of child's doctor \_\_\_\_\_

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Name, address and phone number of child's dentist \_\_\_\_\_

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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 \_\_\_\_\_