

FIELD TRIP PERMISSION

The program that we have planned involves frequent field trips — sometimes within walking distance, sometimes via car or bus. We will keep you informed of our planned field trips. However, some trips will be spontaneous. The center carries insurance to cover these activities. In order for your child to participate, we need your written permission.

I give my permission for my child,

First Name (Please Print)		Last Name
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to participate in the field trips planned by the center, either by walking, private automobile, chartered bus, or by public transportation.

Parent/Guardian name	
Parent/Guardian Signature	Date

7/09

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CONSENT FOR EMERGENCY MEDICAL TREATMENT – Child Care Centers or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

PACCC Facility

TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR

First Name (Please Print)		Last Name
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THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

Parent or Authorized Representative Signature		Date	
HOME ADDRESS	CITY	ZIP	
HOME PHONE ()		MOBILE PHONE ()	