



Early Childhood Campus

Annette Jones, Principal

429 East Locust

Angleton, Texas 77515

(979) 849-1226

fax (979) 864-8704

PERMISSION FOR ALL FIELD TRIPS

My child _____ has my permission to participate in **all field trips** taken by Early Childhood Campus during the course of the school year. This permission also gives permission for my child to ride the school bus and /or private car on these trips.

In the event of a medical problem while on a field trip my child has permission to receive treatment without attempting to contact me first. I will be responsible for any medical services rendered. I have listed below any know medical problems or reactions to medication.

I also give my consent for exchange of confidential medical information contained in my child's record with school personnel, EMT personnel and /or hospital personnel.

Signature of Parent/Guardian	Date
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Name of Student: _____

Birth Date: _____ Age: _____ Social Security# _____

Name of Parents/Guardians: _____

Mailing Address _____

Physical Address _____

Home Phone # _____ Work Phone # Father _____

Pager # _____ Mobile # _____ Mother _____

Local Emergency Contacts (other than parents)

1. _____ Phone _____

2. _____ Phone _____

Health Insurance _____ Policy # _____

Current Medication _____

Health Concerns _____

List any allergies to medications or foods _____

Physician: _____

Name

Address

Phone