

Wee Achievers Preschool Field Trip Form



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My child _____ () may participate () may not participate in scheduled field trips and () has my permission () does not have my permission to carpool with a parent volunteer or teacher

In the event of an emergency, kindly fill in the necessary information below.
Thank you.

Father: _____ contact# _____

Mother: _____ contact# _____

If parents cannot be reached, please call:

Name: _____ relationship: _____ phone: _____

Parent Signature: _____ Date: _____

Things to Wear: Covered shoes & Wee Achiever's shirt

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I would like to participate and help chaperone field trips

Volunteer's Name: _____ Phone: _____

Relationship to student: _____ TB Clearance ___Y___N

AND VOLUNTEER TO:

Help transport children to and from field trip in my personal vehicle
Valid Driver's License Number/State: _____ exp. _____

Insurance Carrier: _____ Policy # _____

Current Proof of Registration/Insurance approved by: _____