



**Field Trip Authorization**

**Permission of Parent or Guardian**

I hereby authorize LAMBS & IVY to include my child \_\_\_\_\_

on a supervised field trip off school premises as follows:

Date: \_\_\_\_\_ Destination \_\_\_\_\_

Address: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

My child will wear the LAMBS & IVY uniform shirt.

**EMERGENCY MEDICAL AUTHORIZATION / INFORMATION**

We hereby grant permission to LAMBS & IVY to take whatever action in its judgment may be necessary in supplying Emergency Medical Services to the above named child. We understand that consistent with the circumstances of the situation and available time, LAMBS & IVY will attempt to contact and follow the instructions of the parent, guardian, physician or other person(s) designated by us to LAMBS & IVY. In the event such persons are not available, or time does not permit reaching them, we hereby grant permission to LAMBS & IVY to contact and comply with the advice of any physician or other medical or emergency personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses incurred by LAMBS & IVY in making emergency medical care available to the above named child.

Mother or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Mother's Current Work Phone# \_\_\_\_\_

Father or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Father's Current Work Phone# \_\_\_\_\_

Family's Current Home Phone# \_\_\_\_\_

Please list two other persons whom you authorize us to contact for guidance in the event you or your spouse cannot be reached.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Relationship to child (if any) \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Relationship (if any) \_\_\_\_\_