

Blue Sky Kindergarten

3046 11th Street, Boulder, CO 80304, 303-443-4965

Field Trip and Emergency Treatment Form

Child's name _____

I hereby grant permission for my child to participate in field trips and school activities while attending Blue Sky Kindergarten.

Should it be necessary for my child to have medical treatment while participating in field trips or school activities, I hereby give the school personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate.

I agree that in the event my child is injured as a result of his or her participating in school activities, including transportation to and from such activity, any resulting hospital, medical, or related costs will be covered by the responsible parent.

Parent #1 Signature _____
Date: _____

Parent #2 Signature _____
Date: _____

In the event of an emergency, a conscientious effort will be made to contact the above person(s) before any action will be taken.

OPTIONAL

I, _____ (please fill in name), hereby offer to provide transportation for school-connected trips during the school year. I agree to bring a current copy of my driver's license and automobile accident insurance policy to school before transporting students for a school activity.