Reisterstown United Methodist Nursery School

Walking Field Trip Permission Form

Throughout the school year, our classes enjoy taking short walking trips as part of our daily activities. These walks provide children with opportunities to explore nature, practice safety skills, and enjoy exercise outdoors.

We are requesting your permission to take your child on:

* Walks to **Franklin Woods Trail** at the back of our property
* Walks **around the property**
* Walks **outside of the licensed childcare areas of the building**, including the **sanctuary for chapel**

Students will alwaysbe supervised by classroom teachers and staff. Safety is our top priority, and children will remain with staff at all times.

Please note: If you do not grant permission, your child may be able to remain in the classroom if space allows. However, in the event that the **entire school is participating in a walk**, parents/guardians will be responsible for providing **alternative care for their child on that day**.

I, the undersigned parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name), give permission for my child to participate in supervised walking trips as described above.

☐ Yes, I give permission
☐ No, I do not give permission

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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