Reisterstown United Methodist Nursery School

Field Trip Permission Form

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has my permission to attend all field trips taken by Reisterstown United Methodist Nursery School. My child will be under the supervision of the teacher and assistant teacher. I will not hold Reisterstown United Methodist Nursery School, the teacher, nor the assistant responsible in the event of an accident.

Mi hijo tiene mi permiso de asistir a todos los viajes de estudios tomados por el Parvulario del Metodista de Reisterstown United. Mi hijo estará bajo la supervisión del profesor del ayudante y el profesor. No sostendré la Escuela del Metodista de Reisterstown United Nursery, el profesor, ni el ayudante responsable en caso de un accidente.

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_