

Necessary Field Trip Information

This information must be on file prior to your child attending a trip.

To be completed by Parent or Guardian

Child's Name

Home Address

Home Phone #

Dad's Cell#

Mom's Cell#

Dad's Work Place

Work #

Mom's Work Place

Work #

Physician's Name

Office #

Dentist Name

Office #

Your Medical Plan

Policy #

Additional People Authorized to be called and to pick your child up in your absence.

Person's Name

Relationship

Home #

Cell #

As the parent, agency representative or legal guardian, I hereby give consent to Upward Bound Preschool to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for (Child's Name)_____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. This consent also authorizes Upward Bound Preschool my approval for needed medical transport by ambulance or helicopter.
My child has the following allergies:_____

Parent's signature

date