

Kool Kids Learning Center Walking Field Trip Permission Form

Dear Parents;

Our classroom likes to take daily walks around the Kool Kids Campus. By signing this form, you are giving your child permission to participate in these daily walks while they are enrolled in this classroom.

Child's Name: _____ Age: _____

Address: _____ Home #: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

My child has permission to attend daily walks with his/her class around the Kool Kids Learning Center campus under the supervision of his/her classroom teacher. I will not hold the center responsible for any accident that may occur, but will expect those in authority to take due care of my child.

Parent Signature

Date

KOOL KIDS LEARNING CENTER OVER THE COUNTER TOPICAL OINTMENT AND TEETHING MEDICATION PERMISSION FORM

Child's Name: _____ Date of Birth: _____

Parent Signature: _____ Date: _____

Please note that we cannot provide these medications for your child. If you do feel they are needed or would like to keep them at school just in case, you will need to bring the medicine marked with your child's first and last name and we will keep it here and use as you direct. This form does not require the signature of a physician as does the form for medications such as Tylenol, Dimetapp, etc., which are taken internally.

Indicate with a check mark

Medicine to be applied

Dosage or times per day

Orajel

Anbasol

A & D Ointment

Desitin

Neosporin
