

DIAMOND BAR COMMUNITY PRESCHOOL
FIELD TRIP FORM

Student's Name _____ 2 day / 3 day / 5 day (circle one)

My child _____ has permission to go on any of the school field trips. He/she also has permission to receive emergency medical care by paramedics of emergency or hospital personnel while in the care of Diamond Bar Community Preschool.

Parent Signature: _____ Date: _____

Student Information

Phone number parent can be reached at: _____

Father's Name: _____ Contact #: _____

Mother's Name: _____ Contact #: _____

Child's Doctor: _____ Phone #: _____

Child's Blood Type, if known: _____

Any known food or drug allergies: _____

Person To Contact if a Parent Cannot Be Reached

Name: _____ Phone #: _____

Relationship to family: _____