Casa dei Bambini School Inc.

650-473-9401

463 College Avenue. Palo Alto, CA 94306 E-mail: email@CasadeiBambini.net

Field Trip Consent Form

	Return this form by		
	class is planning to visit	(Location)	
(Child's full na	me)	(Location)	
On	between the hours of _	and	
Transportation Bus Walking Private	g 5		
The cost will l No char A charg A charg			
□ A sack l□ A charg	will be provided lunch is needed ge of is needed for lunch ng before lunch		
Signature of E	Director:	Date:	
I understa	nd that the center will take every pre	ecaution and care to insure my child's safety.	
Adults will praccidents. I a and from the participate in employees ha activities. If il authorize meconsent for m	rovide proper supervision and maware of the risks associated se activities. In consideration on such activities, I agree to hold armless against any liability arisellness or injury should occur dedical treatment at an appropris	precaution and care to insure my child's will exercise every precaution to avoid d with such activities and in transportation of the below named student being allowed I Casa dei Bambini, Inc., its officers, faculising as a result of his/her participation in luring his/her participation in this activity intermedical facility (emergency information and erstand that a reasonable attempt to bal treatment.	on to to lty a thes y, I
I hereby give	my consent for(Child's full pages	to visit	
On(Day, Da	between the hours o	to visit	
Signature of P	'arent/Guardian:	Date:	

IMPORTANT NOTE: No child will be permitted to attend any field trip unless this form and the "emergency information & consent for medical treatment form" has been filled out in advance by the parent or Guardian and turned into the director by the due date.