



Capital Kids Preschool

Where Minds Grow

## Capital Kids Field Trip Consent Form

Class going on Field Trip \_\_\_\_\_

Destination & Address of Field Trip \_\_\_\_\_

Date of Field Trip \_\_\_\_\_

Time Leaving School \_\_\_\_\_ Time Returning to School \_\_\_\_\_

Class will eat lunch  at school  at field trip site.

\* \* \*

### **PARENTS MUST SIGN THE INFO BELOW AND SUBMIT TO TEACHER**

My child \_\_\_\_\_ has my permission to take field trips outside the Capital Kids Preschool grounds as part of the preschool program, including the above mentioned trip. Notice of field trips and drivers will be sent to me via my child's mailbox or via email from my child's teacher. I understand that the children will travel from Capital Kids and back by private automobile, bus or foot. I hereby release Capital Kids Preschool and its employees from any liability in the event of an accident.

In the event that my child becomes ill or sustains injury while in the care of Capital Kids Preschool, I hereby give consent to Capital Kids Preschool to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent's Name \_\_\_\_\_

Child's allergies: \_\_\_\_\_

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