



## **PARENTAL CONSENT & WAIVER FORM FOR FIELD TRIPS**

**Please complete and return to the childcare at your earliest convenience prior to the proposed field trip.**

Permission is granted for my son/daughter to participate in the following field trip:

Child's Name:

Cost:

Destination:

Chaperon:

Activity:

Police Check:

Date:

I/We, hereby acknowledge that sufficient information has been provided by the childcare with respect to the planned activity, duration, location, method of transportation, participants and supervision.

I/We, hereby acknowledge that certain RISKS OF INJURY are inherent to participate in learning activities outside. These types of injuries may be minor or serious and may result from one's actions, or the actions or inaction of others, or a combination of both.

I/We understand that the Rules and Regulations established for the field trip are designed for the safety and protection of the participants and hereby undertake to inform my child to abide by these rules and regulations.

I/We understand that:

1. a minimum level of fitness and health (physical, mental and emotional), is required;
2. each person has a different capacity for participation; and,
3. any exceptions to full participation are identified on the Child Health Form.

I/We declare having read and understood the above Parental Consent Agreement in its entirety and hereby consent to allow my/our child to participate, acknowledging all of the foregoing.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Blooming Babies Child Care and its staff, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Blooming Babies Child Care, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**