VILLAGE HOME EDUCATION RESOURCE CENTER

FIELD TRIP PERMISSION SLIP

Please complete in full.

Location or Name of field trip: _____

Date of field trip: _____

As parent and/or guardian of the students and siblings listed below, I understand that the field trip is coordinated under the auspices of Village Home Education Resource Center and that no transportation will be provided. I understand that the field trip begins and ends where indicated on the field trip description. I hereby certify that I (or a named designee for children over age 10) will accompany my children during all parts of the trip and accept all responsibility for their health, safety, and well-being. I understand that Village Home waives all liability for anyone on the field trip. I further understand that (a) there will be no refunds unless Village Home cancels the trip, (b) registration is not complete until I have filled out the sign-up sheet in full (in person in the office), paid all fees, and submitted this sheet, and (c) we will remain with the group during the trip, and except in the case of emergency, may leave early only at designated "leave early option" times and locations.

Parent/Guardian Name (please print): _____

Signature: _____ **Date:** _____

At-home Emergency Phone number where **an emergency contact for you and your children** can be reached during this field trip: **Name:** _____ **Phone:** _____

List all *registered* students – use back if needed.

STUDENT FIRST AND LAST NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____

List all *unregistered* siblings, if any.

SIBLING FIRST AND LAST NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____

Please complete this section if you have named a designee to be responsible for your children over the age of 10 on this field trip.

Name of **designee** responsible for your child(ren). _____Phone _____

Please be sure that your designee has your pediatrician's name and phone number with them.