

**L'Ecole des Petits**  
**Field Trips/ Excursions Permission Form**

I, \_\_\_\_\_, hereby give my consent for my child, \_\_\_\_\_, to leave the L'Ecole des Petits classroom premises for authorized field trips and outings under the supervision of the L'Ecole des Petits Playschool staff.

All walking distance, beyond 1 km, and traveling field trips outside of L'Ecole des Petits property require separate permission for each outing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

**L'Ecole des Petits**  
**Emergency Consent**

In case of an accident, I give consent for any emergency medical treatment as may be deemed necessary by the Playschool staff to be given to my child, \_\_\_\_\_. This includes allowing L'Ecole des Petits employees to administer First Aid, and or to call 911 to obtain Medical Rescue, costs to be covered by the parent/ guardian of child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\*\*\*If your child requires medication for allergies, health issues, etc, please fill out the **"Allergies and Medical Conditions"** section on the Registration form. This allows L'Ecole des Petits employees to administer medication when necessary and for general knowledge.\*\*\*