



Field Trip Permission Form CAPNEMO Head Start

Child's Name: _____ Center: _____

Date of Field Trip: _____ Times of Field Trip: _____

Location of Field Trip: _____

Alternate Plans if Field Trip is Cancelled: _____

I hereby give permission for my child to participate in this field trip. I also give permission to CAPNEMO Head Start to transport my child to and from the above destination.

(Please Print) Parent/Legal Guardian Name (Signature) Parent/Legal Guardian Date

Yes, I will volunteer to help during the field trip: _____
Printed Name of Volunteer

CAPNEMO 5/2016

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