



Resurrection Child Development  
7557 Amador Valley Blvd., Dublin CA 94568  
Office (925) 828-2122  
[www.resluthdublin.org](http://www.resluthdublin.org)

### PARENTAL PERMISSION FOR FIELD TRIP

My daughter/son \_\_\_\_\_

Has my permission to participate in walking field trips off campus and in the neighborhood.

I understand that before my child leaves the campus I will be informed of the time, date and destination.

In case of accident or emergency I authorize the school to seek medical, surgical, or hospital attention for my child. It is understand that every attempt will be made to contact me before taking this action. I understand that any field trip involves certain dangers and I hold the school staff, the Resurrection Childcare Board Members or Resurrection Church and its representatives harmless form claims of liability arising from these trips.

Telephone Numbers \_\_\_\_\_

Work Home Emergency

Telephones Numbers \_\_\_\_\_

Work Home Emergency

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_