



## FIELD TRIP PERMISSION AUTHORIZATION

<b>Field Trip Event</b>	Daily playtime Madison Park
<b>Date:</b>	While enrolled at Kaye Kare
<b>Time:</b>	During normal business hours
<b>Address</b>	334 Lawton St. Falls Church, VA 22046
<b>Phone:</b>	703-237-9454
<b>Cost:</b>	N/A
<b>Notes:</b>	The park is adjacent to Kaye Kare so we will walk. This is a public park.

Please return this permission slip by ASAP.

I give permission for my child, \_\_\_\_\_, in room \_\_\_\_\_, to attend the field trip to Madison Park while enrolled at Kaye Kare.

Enclosed is \$ N/A to cover the cost of the trip.

In case of emergency, I give permission for my child to receive medical treatment. In case of such an emergency,

Please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date