



Yea!  
We're going on  
a  
**FIELD TRIP!**

## Field Trip Permission Slip

**Orange Fire Station #1 \* To be announced**

**176 S. Grand Street; Orange, CA 92866 (714) 288-2500**

- Walking- We will be walking up Olive to Almond to Grand (0.2 miles/5min)
- Must return permission slip to participate!

Students who are not participating will remain at the preschool.  
We will have 2 Teachers walking and 1 driving in case of emergencies.

**Fee: TBD**

By my signature, I indicate that I am aware that during field trips, on site or off campus, certain dangers may occur including but not limited to, the hazards of accidents or illness in areas without medical facilities, hazards created by forces of nature, and hazards of injuries resulting from handling, touching or participating with live animals. I understand and do hereby assume all of the above mentioned risks and will hold Billiet Child Development Centers Inc. DBA Little Learners Preschool and its representatives harmless from any and all liability whatsoever which may arise out of or in connection with participation in any activities arranged for the participant by Billiet Child Development Centers Inc. DBA Little Learners Preschool. The terms thereof shall serve as a release of liability and assumption of risks for heirs, executor and administrators and for all members of my family. Further, I understand that participation in any special activity, assembly or field trip, on site or off campus, is purely voluntary on the part of the students and their parents or guardians.

As the parent or authorized representative, I hereby give consent to Billiet Child Development Centers Inc. DBA Little Learners Preschool to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named below.

CHILD'S NAME: \_\_\_\_\_

EMERGENCY NUMBER FOR DAY OF EVENT: \_\_\_\_\_

My Child has the following medical allergies: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMISSION SLIP AND PAYMENT MUST BE RETURNED BY**

**Monday Before Event!**

