



Walking Permission Form

The following is needed when the Toddler class has walking trips and fire drills.

Child's Name: _____

Address: _____

Phone: _____

Birthday: _____

Name of Doctor: _____

Doctor's Phone: _____

Mother's Contact Number: _____

Father's Contact Number: _____

EMERGENCY INFORMATION: Name, address and phone of someone we can reach if we are unable to reach you.

1. _____

2. _____

Emergency Medical Care

I agree in case of an accident or injury, emergency medical care may be given to

(Child's Name)

Parent/Guardian

Date