

The Baltimore American Indian Center
Vera Shank Child Care Center
1633 E. Lombard St. Baltimore, MD 21231
410-327-3795 443-524-3449

Field Trip Permission Slip

Name

Address

Age Social Security Number

Parent's Name

Address (If Different)

Telephone Numbers

Home	Mother's Work/Mobile	Father's Work/Mobile
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Insurance:

Name of Company

Policy Number

Type of Insurance

My son/daughter _____ has permission to go on field trips with the BAIC. I understand that my child will be walking or traveling by a licensed school bus or van. I realize that every effort will be made to protect my son/daughter. I will not hold the BAIC responsible for any accident and/or injury sustained. I further give the employees of BAIC my permission to seek or administer qualified medical assistance in the event of injury or illness.

Any medical information which could be helpful in case of emergency (allergies, medications, etc.)

Signature of Parent/Guardian Date

Signature of Director Date
