



FIELD TRIP PERMISSION FORM

I, _____, give my child,
Parent or Guardian

Last Name First Name Middle Name

permission to go with his/her class to

on _____.
Date

I do hereby release Beth Israel Preschool and its staff from any and all liability that may arise from any future injury to my child, _____, resulting from other than willful or malicious actions by the releases, or any of them.

Date: _____

Signature of Father

Signature of Mother