

## Trips and Activity Permission

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to take part in field trips or excursions with Adventure Learning Center under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for Adventure Learning Center to transport my child.

## Photo Permission

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to be photographed for advertising purposes.

## Authorization for Emergency Medical Care

I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care with the physician or hospital of my choice.

If I can not be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Adventure Learning Center to contact the following:

### Physician or Clinic

Name	Telephone Number (      )
------	------------------------------

Address (Street, City, State, Zip Code)

### Preferred Hospital

Name	Telephone Number (      )
------	------------------------------

Address (Street, City, State, Zip Code)

Parent's/Guardian's Signature



Date

## Child's Health History

Any allergies, special medical conditions, including chronic health problems

Any special medications and/or restrictions

Any food allergies or food restrictions

## Insurance Policy

Any parent/guardian who enrolls a child at Adventure Learning Center must have their child fully insured

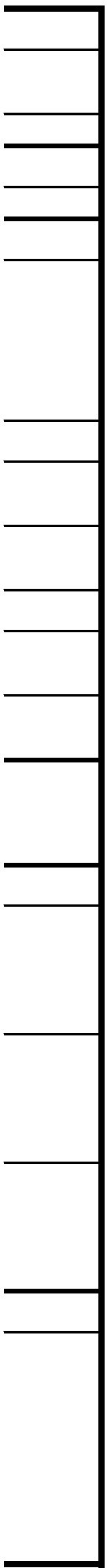
Our child \_\_\_\_\_ has insurance coverage

through \_\_\_\_\_

(Please include insurance company name and policy number)

---

---



\_\_\_\_\_