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**Nature Center Preschool**

**At the South Shore Natural Science Center**

Permission for Pond Field trip during June Vacation Weeks

My child will be attending the program on these day(s) (please check):

**🞎 Friday, June 15th, 2018**

**🞎 Thursday, June 21, 2018**

Children in the June vacation week program will attend a field trip to **Jacob’s Pond** for **one hour (9:30am-10:30am)**. Children will walk to Jacob’s Pond under the direct supervision of classroom teachers.

**I give permission for my child to attend the above identified off-site activity**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I authorize child care program staff to secure necessary emergency medical treatment**

**Name of child’s Physician, Address, phone number:**

**Child’s allergies, health conditions, or Individual Health Plan:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance Plan and Policy #:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian signature Date**

**This form must accompany each child on the off-site activity**.

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 South Shore Natural Science Center

A South Shore YMCA Organization ssymca.org

 48 Jacobs Lane

 Norwell, MA – 781-659-2559

 www.southshorenaturalsciencecenter.org