

**Bee Creative Playschool**  
**Field Trips/ Excursions Permission Form**

I, \_\_\_\_\_, hereby give my consent for my child, \_\_\_\_\_, to leave the Bee Creative classroom premises for authorized field trips and outings under the supervision of the Bee Creative Playschool staff.

All walking distance, beyond 1 km, and traveling field trips outside of Bee Creative Playschool property require separate permission for each outing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

**Bee Creative Playschool**  
**Emergency Consent**

In case of an accident, I give consent for any emergency medical treatment as may be deemed necessary by the Playschool staff to be given to my child, \_\_\_\_\_.

This includes allowing Bee Creative Playschool employees to administer First Aid, and or to call 911 to obtain Medical Rescue, costs to be covered by the parent/guardian of child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\*\*\*If your child requires medication for allergies, health issues, etc, please fill out the **Medical Record Form**, to be added to your registration package. This allows Bee Creative employees to administer medication when necessary and for general knowledge.\*\*\*