

Field Trip Permission Slip

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Creative Cooks students will be traveling throughout the five boroughs to experience, various food tastings, market tours, and recreational activities.

I give permission for my child to attend all field trips. In the event of a serious injury/accident, I give permission for my child to be taken to the nearest physician or hospital and treated.

Child's Name: _____

In the event of an emergency, please contact:

Parent/Guardian: _____

Phone (HOME): _____ (WORK): _____ (CELL): _____

Second Contact: _____

Phone (HOME): _____ (WORK): _____ (CELL): _____

Family Physician: _____

Phone: _____

Please advise us of any medication conditions that your child may have:

Parent's Signature: _____ Date: _____