

# Field Experience Permission Form

In the nature of the program, your son or daughter will attend field experiences/learning opportunities most every day. This form is to give us your permission for each and every trip we take with the K.A.R.A.T.® School of Learning \_\_\_\_\_

<i>Date</i>	Monday through Friday on school days	<i>Time</i>	Time will change depending on activity
<i>Location</i>	<b>Weekly letter will give locations of all field experiences for the week</b>		
<i>Cost</i>	Included in tuition, unless otherwise noted		
<i>Transportation</i>	Van or bus provided by YMCA Greensburg		
<i>Notes</i>	<b><u>Please be sure and read the weekly letter ahead of time so you will know how your son or daughter must dress, what to bring for lunch (money or actual bag lunch), and other details about the weekly field experiences.</u></b>		

Please return this permission slip by: The first day of school, August 9, 2010

**I give permission for my son or daughter (list name, please) to attend the field experiences that are set up by Mrs. McDonald and her staff**

Name: \_\_\_\_\_ in grade \_\_\_\_\_

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

