



Spokane County Head Start /ECEAP/EHS FIELD TRIP PERMISSION (GROUP)

Room _____ Is walking to _____

Date _____ Departure time _____ Return time _____

I GIVE MY CHILD PERMISSION TO PARTICIPATE ON THIS CLASSROOM WALK

	Parent/Guardian Signature	Child's Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		