



Spokane County Head Start/ECEAP/EHS
NEIGHBORHOOD WALK PERMISSION (INDIVIDUAL)

_____ has my permission to go on a classroom neighborhood walk.
(Name of child)

Date of walk: _____ Time of walk: _____

Destination: _____

Parent or guardian signature _____

RETURN TO YOUR CHILD'S TEACHER
Children who do not have a signed permission slip
***may not* go on the field trip.**