

KIDS OF THE KINGDOM PRESCHOOL  
BURT, IOWA 50522 \*\* PHONE 515-924-3344

**CLASS WALK AND FIELD TRIP PERMISSION FORM**

I, \_\_\_\_\_ (Mother/Father/Guardian) of

\_\_\_\_\_, age \_\_\_\_\_, do hereby give my

permission for my son/daughter/child of guardianship to accompany his/her teacher and class on

class walks and field trips. I understand that prior notification will be given me concerning trips

involving transportation, and that other adults will accompany his/her teacher and class to insure proper

supervision.