

Walking Field Trip Permission Form 2024-25

Our class will be taking walking field trips throughout the year for class activities. These *walking* trips will take place under the supervision of your child's teacher/OLL staff and will be in the vicinity of our school.

I consent to the participation of my child in the above walking trip(s) as part of the class activity. I understand that this activity may take place away from the school grounds and that my child will be under the supervision of OLL Staff.

In the event of an emergency, I give permission to transport my child immediately to a hospital or other treatment facility. I wish to be advised prior to any further treatment by the hospital or doctor.

Child's name:	Grade
Parent Signature:	Date

*PLEASE RETURN THIS FORM TO SCHOOL WITH REGISTRATION