



Field Trip & Transportation Form

Please complete this form if you give Ashley's Playhouse permission to transport your child(ren).

Parent's Name(s): _____ Child(ren)'s Name(s): _____

Parent's Name(s): _____ Child(ren)'s Name(s): _____

Please check all boxes that apply:

Infant Buggy Field Trips

I give permission for my infant to ride in the Ashley's Playhouse provided buggy outside of the facilities on the sidewalk.

Field Trips

I give permission for my child(ren) to participate in field trips supervised by Ashley's Playhouse.

Transportation

Ashley's Playhouse may transport my child(ren)

- on field trips.
- to and from home.
- to and from school.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child(ren). I authorize the person in charge to take my child to **ONE** of the following:

Seton NW Hospital, 11113 Research Blvd,
78759

Phone: (512) 324-6000

Dell's Children Hospital, 4900 Mueller Blvd,
78723

Phone: (512) 324-0000

TRANSPORTATION FORM SIGNATURE

I hereby authorize consent for my child(ren) to be transported and supervised by the Ashley's Playhouse employees.

Parent Signature

Date