

Wahiawa Baptist Preschool

Emergency and Field Trip Permission Form

Student's Name: _____

Today's Date: _____

I give permission for my child _____, to go on field trips this school year with the class. He/She has my permission to go wherever you think is advisable. My approval for such trips remains effective from the date above to the school term in May or July of this school year.

My child's insurance coverage status is indicated below.

_____ **My child is covered by:**

(name of medical plan – HMSA, KAISER, QUEST, DSSH, etc.)

_____ **My child had military coverage.**

_____ **My child has no medical coverage.**

_____ **Other.**

_____ **Medical Insurance Number**

_____ **Subscriber's Name**

I will inform Wahiawa Baptist Preschool if my child's medical coverage has changed anytime throughout the school year.

Parent/Legal Guardian Signature