



ThriveKids Inc. Off-Location Trip Permission Form

Dear Parent or Guardian,

The participants of ThriveKids Inc. After School program are planning to go on the following trips. If you are not giving your child permission to attend a field trip, they will need to stay home that day, as staffing is aligned with the field trips across the full curriculum:

2020 *(future months will be provided at a later date)*

Dates:	Trip:	Location:	Time	Pick Up Location	Yes / No:

Your signature is required on this form and must be returned to the ThriveKids Inc. Office Manager no later than _____ 2020, in order to participate on the monthly trips.



Please detach and retain the page above and return the form below filled and signed.

Please indicate if your child will be attending the monthly trips for the month of

_____:

Yes No

I have read the above and agreed to have my child _____ take part in this trip to _____ on _____.

My signature below indicates my permission and gives staff officials the authority to act on my behalf in case of an emergency.

In consideration of ThriveKids Inc., I am permitting the person(s) listed above to participate in the activities list. I agree to release, discharge, and indemnify ThriveKids Inc. from and against all claims or proceedings by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of their participants in such activities, or by reason by the provision of medical care to them.

I further authorize ThriveKids Inc. to obtain medical care to the person listed above as it may deem necessary in the event of injury or otherwise and agree to pay for all expenses incurred thereby.

In the case of an accident or emergency during this period, please contact:

Child#1/Participants name: _____

Child#2/Participants name: _____

OHIP Number: _____

Emergency contact #1 name: _____

Relationship: _____

Day time phone: _____ Evening telephone: _____

Emergency contact #2 name: _____ Phone# _____

Relationship: _____

Day time phone: _____ Evening telephone: _____

Signature of Parent or guardian: _____ Date: _____