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Monday - Friday 7:00AM - 6:00PM

## Field Trip Consent Form

Field trips are an exciting and educational part of our curriculum at Kidz College. We organize various outings to enhance our students' learning experiences and provide them with opportunities to explore the world beyond the classroom. To ensure the safety and well-being of our students, we seek your permission to include your child in these field trips.

### I. Consent Agreement

By signing this form, I hereby grant permission for my child, \_\_\_\_\_, to participate in all field trips organized by Kidz College. I understand that I will be notified at least one week in advance of each field trip, including details of the destination, activities, and any specific requirements.

### II. Parent/Guardian Consent

**I AGREE** to allow my child to participate in all field trips hosted by Kidz College. Parent/Guardian Initials: \_\_\_\_\_

**I DO NOT AGREE** to allow my child to participate in any field trips hosted by Kidz College. Parent/Guardian Initials: \_\_\_\_\_

### III. Emergency Procedures

In the event of an emergency during a field trip, Kidz College will take the following steps to ensure the safety and well-being of your child:

1. Immediate first aid will be administered by a qualified staff member.
2. The parent/guardian will be contacted using the provided emergency contact information.
3. If necessary, your child will be transported to a medical facility.

### IV. Medical Facility Preference

In case of a medical emergency requiring hospital care, I prefer my child to be taken to:

Princess Margaret Hospital Parent/Guardian Initials: \_\_\_\_\_

Doctor's Hospital Parent/Guardian Initials: \_\_\_\_\_

### V. Agreement to Terms

I have read and understand the terms of this field trip consent form. By signing below, I give my consent for Kidz College to include my child in field trips and to take necessary emergency measures as described above.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

If you have any questions or concerns, please feel free to contact us at the Kidz College office. Thank you for your cooperation and support.

Sincerely,  
The Kidz College Team