



# OUT TRIP PERMISSION FORM

Child Care Services  
4461 Interurban Road  
Victoria, BC V9E 2C1  
T: 250-370-4880 F: 250-370-4888  
E: [childcare@camosun.bc.ca](mailto:childcare@camosun.bc.ca)  
[www.camosun.ca/childcare](http://www.camosun.ca/childcare)

**PURPOSE:**

I hereby give permission for my child to participate in the \_\_\_\_\_ Centre's trip to \_\_\_\_\_ on \_\_\_\_\_ (date). The children will depart from the Centre at \_\_\_\_\_ and return at approximately \_\_\_\_\_ . I understand that:

- My child will be under the direct supervision of an Educator, unless I attend with my child.
- Educators will take any special considerations into account for my child (e.g. medical needs, allergies).
- My child will be participating in the out trip activities, and will be transported, as outlined on the attached sheet.

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

OFFICE USE ONLY	
_____	_____
<i>(Center)</i>	<i>(Start Date)</i>
_____	_____
<i>(Senior Educator)</i>	<i>(Manager)</i>