



**ABIDING HOPE NATURE SCHOOL
WALKING FIELD TRIP PERMISSION FORM**

<i>Date</i>	June 2024-August 2024	<i>Time</i>	Between 9:00 AM and 3:00 PM
<i>Location</i>	Around the Abiding Hope Nature School Property (5707 S Simms St, Littleton, CO 80127) and the Foothills Trails in the surrounding area of Westgold Meadows Neighborhood.		
<i>Cost</i>	\$0		
<i>Transportation</i>	Walking		
<i>Notes</i>	This is a blanket permission form letting us walk around the school property and the surrounding Foothills Trails rather than stay in the building. Students will be going on nature walks and adventures around the property and the surrounding trails. If another location not listed on this form is chosen, parents will be notified by the teacher prior to the field trip. They will also be playing outside on the school property. We will always look at the weather before we leave. Please apply sunscreen prior to school, send your child in appropriate walking shoes, and with a full water bottle.		

I give permission for my child(ren) _____ to attend the field trips mentioned above. The emergency phone number I may be reached at is _____ and my name is _____.

I release Abiding Hope Lutheran Church and Abiding Hope Nature School and all individuals from liability in case of accident during activities related to Abiding Hope Nature School, as long as normal safety procedures have been taken.

Date: _____ Printed Name: _____

Parent Signature: _____

-OVER-

Authorization for Emergency Medical Care

I hereby give my permission for **ABIDING HOPE NATURE SCHOOL** to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child,

_____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

_____ Date _____

Phone number _____ Printed Name _____

Name, address and phone number of child's doctor _____

Name, address and phone number of child's dentist _____

Hospital of Preference **(Please circle one)**

The Children's Hospital
1811 Plaza Dr,
Highlands Ranch, CO 80129
720-478-1234

Swedish Hospital
501 E. Hampden Ave
Englewood, CO 80113
303-788-5000

Littleton Hospital
7700 S. Broadway
Littleton, CO 80122
303-730-8900

Other: _____

Chronic Medical conditions: _____

Food Allergies: _____

Is the child on any medications? (Explain): _____

If yes, please describe: _____

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____