



Field Trip Information Card

Child's Name: _____ Age: _____ M or F

Address: _____ City: _____ Zip: _____

Primary Contact: _____ Cell Phone: _____

Secondary Contact: _____ Cell Phone: _____

Allergies/Limits: _____ Treatment Given: _____

Doctor's Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Emergency Medical Release: I authorize Tarrant County Kids to act on my behalf in granting permission for my child to receive medical attention if deemed necessary and I cannot be reached.

Transportation Permission: I give permission for my child to be transported on Arlington ISD vehicles for fields trips and special circumstances.

Parent Signature: _____ Date: _____



Swimming Permission Card

My child, _____, has permission to swim in public pools during field trips with Tarrant County Kids.

Permission to swim in the deep end of the pools

(check one box):

- My child may **NOT** swim in the deep end (more than 4 ft water).
- My child may swim in the deep end.

Parent Signature: _____ Date: _____

By signing above, you are also giving Tarrant County Kids authorization to apply sunscreen to your child. We use clear, no-rub (at least 50spf) sunscreen spray for their bodies and sunscreen lotion for their faces and ears. You may provide your own sunscreen, which your child must bring each swimming day.