

MARBLEHEAD CHILDREN'S CENTER  
21 Tioga Way  
Marblehead, MA 01945  
781-631-1954

SEASIDE NURSERY SCHOOL  
80 Atlantic Avenue  
Marblehead, MA 01945  
781-639-1415

**FIELD TRIP PERMISSION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby give permission for my child (name) \_\_\_\_\_, to be taken on any educational field trip within the community. I understand that I will be notified in advance of any field trip requiring transportation.

\_\_\_\_\_  
Parent's Signature and Date

**STUDENT INTERN/TEACHER PERMISSION**

I hereby give permission for my child (name) \_\_\_\_\_, to interact with any permanent or visiting students from local colleges.

\_\_\_\_\_  
Parent's Signature and Date