

Saint Gabriel's Day Care Center Off-Center Premise - PERMISSION FORM

Please sign and return to TEACHER

I, _____, give permission for my
child, _____, to leave Saint Gabriel Day Care Center's
premise for special activities such as, but not limited to, walking over to Queen of Apostles
School for special events, nature walks, go to Queen of Apostles Church.

EMERGENCY CONTACT

In case of an emergency, I give permission for my child to receive medical treatment. In
case of such an emergency, please contact:

(Name)

(Phone Number)

SIGN _____ **DATE** _____

*To cancel this authorization, please submit a written notice to the front office.