

University of Michigan – Flint Early Childhood Development Center

OFF CAMPUS PARENTAL CONSENT FORM

| DESTINATION: | Farmer's Market, 300 E. First Street, Flint |
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| WHAT TO EXPECT: | occasional visit while on Campus Explorations |
| OPEN DATES: | random Tuesday or Thursday |
| LEAVING: | infrequently after morning meeting |
| RETURNING: | approx. 11:45-12:00 noon for lunch |
| TRANSPORTATION: | Walking through Campus |
| COST: | FREE however random purchases may occur by teachers Donation for fresh fruits or vegetables is always appreciated |
| WHAT TO BRING: | appropriate walking shoes and dress for the weather |
| | |
| Cut Here | |
| My child | has permission to visit the Farmer's Market |
| whenever the ECDC classroom chooses to visit while on Campus Exploration as part of the | |
| ECDC Program. I understand that safety precautions will be taken to preserve the health and | |
| protection of my child and that I will be notified as soon as possible in the unlikely event of an | |
| emergency. In the event of sickness or emergency, I authorize my child to receive immediate | |
| medical treatment. | |
| | |
| Parent/Guardian S | ignature — Date |
| i arciii/ Guardian 5 | ignature Date |
| Emergency Contact Number to Utilize First: | |