

THIS FORM MUST BE RETURNED TO YOUR CHILD'S GROUP COUNSELOR ON THE FIRST DAY YOUR CHILD COMES TO CAMP!

Summer Camp Trip Permission Slip

My Child/Children _____

Has/have permission to travel to and from the summer camp group trips as listed on the camp calendars by school bus.

Parent/Guardian Signature _____

Phone _____ Date _____

Medical Information

My child, _____, has the following medical conditions and/or allergies (please be specific):

In case of an allergic reaction, please respond in the following way:

Parent/Guardian Signature _____

Phone _____ Date _____

Car Pool Notice

My Child/Children _____

Will be car pooling with or may be picked up from camp by:

Name: _____ Phone: _____

Name: _____ Phone: _____

PROVIDE ANOTHER NAME AND PHONE NUMBER FOR EMERGENCIES:

Name: _____ Phone: _____

(Please Review Any Special Circumstances with the Camp Director)