



SUMMER ENRICHMENT CAMP FIELD TRIP PERMISSION SLIP

I, _____, give permission for my child, _____ to attend all field trips. I grant the camp permission to transport my child by van or bus to field trips which are planned as a part of the camp's weekly activities. I understand that if my child does not have permission to attend the scheduled weekly field trips, he/she will stay at the church with a member of the camp staff.

In case of inclement weather or unforeseen scheduling conflicts, the director of the camp may make field trip substitutions. I take responsibility in finding out where my child will be going each week. I give Summer Camp Staff the authority to use their discretion to change the schedule as needed.

I assume all responsibility for risks and hazards incidental to participation in Summer Enrichment/Leadership Camp Field Trip Days. I assume all responsibility for the behavior of my child and grant the camp permission to discipline my child for misbehavior based on the rules outlined in the camp's behavior plan. I do not hold Summer Camp staff, GMBC, or any of its personnel responsible for any injuries or accidents of any kind, or loss of personal property.

I grant my permission to Summer Camp's director or assistant director to authorize and obtain medical care in case of an emergency when parent or guardian cannot be contacted to grant authorization for emergency treatment.

Parent Signature: _____ Date: _____

Insurance: _____

Name on Insurance Policy: _____

Policy Number: _____ Group Number: _____

Emergency Contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____