

Somers Recreation Summer Day Camp

FIELD TRIP PERMISSION FORM

Return by Tuesday of each week

Camp Week #: 2 3 4 5 6 (circle one)

Name of Camper: _____ Assigned Counselor: _____

Field Trip Destination: _____ Place of Departure/Return: **Field Rd Park**

Approximate time of Return: **2:30pm** Group will be traveling by: **school bus**

Lunch will **Not** be provided.

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Camp Copy

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Phone numbers where the parent/guardian may be reached during the time of this field trip to: _____ Parent/guardian: _____

Home phone: _____ Work phone: _____ cell: _____

List any known allergic reactions: _____

Will the camper be taking any medication on this trip that has been prescribed by a Physician? _____ If yes, what medication? _____

Insurance Company: _____ Policy #: _____

Family Doctor: _____ Phone number: _____

Name any other medical concerns: _____

I give my permission for the Somers Recreation Summer Day Camp staff to seek medical assistance for my child in the case of any injury or illness incurred while participating in this Camp sponsored activity. If I cannot be reached to give my consent to medical personnel, this form will serve to give my permission to carry out necessary treatment.

Camper Name: _____ Group Counselor: _____

Parent/Guardian signature: _____ Date: _____