

# Anthem Explorers Summer Camp

at Caurus Academy



## TUESDAY FIELD TRIP PERMISSION FORM

**\*\*\*MUST WEAR CAMP SHIRT\*\*\***

DATE	TIMES	COST	EATING ARRANGEMENTS	DESTINATION	PARENT SIGNATURE
June 6, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	
June 13, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	
June 20, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	
June 27, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	
July 11, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	
July 18, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	
July 25, 2017	8:30AM-12:00PM	FREE	Bring \$5 for Kids Pack	Harkins Theatre – Norterra	

Exclusions to field trip include: If camper was asked not to participate in any more field trips due to behavior.

Transportation will be provided by: Bus

My signature below indicates my desire to have my camper, \_\_\_\_\_, to accompany the Anthem Explorers Summer Camp on the field trip noted above.

Please initial and complete the following as applicable:

\_\_\_\_\_ My student has NO special health needs the staff should be aware of and no medication is required on the trip.

\_\_\_\_\_ My student has a special health need as follows:

The following medication should be given to the person designated by the principal to dispense to my child while on this trip: \_\_\_\_\_.

### MEDICAL RELEASE

In case of accident or serious illness, I request the camp to contact me. If I cannot be reached, I hereby authorize the camp to call the physician indicated below and follow his/her instructions. If it is not possible to contact this physician, the camp may make whatever arrangements are necessary.

I have legal custody or control of my child and grant permission for any emergency treatment and/or hospital services that may be rendered to say minor under the general or specific direction of:

Dr. \_\_\_\_\_ Telephone \_\_\_\_\_

*Parent/Legal Guardian (Please Print)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Signature or Parent/Legal Guardian \_\_\_\_\_

**\*\*\*THIS FORM MUST ACCOMPANY THE STUDENT ON THE TRIP, IN TEACHER'S POSSESSION.\*\*\***