

Anthem Explorers Summer Camp

at Caurus Academy



WEDNESDAY FIELD TRIP PERMISSION FORM

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

DATE	TIMES	COST	EATING ARRANGEMENTS	DESTINATION	PARENT SIGNATURE
June 14, 2017	10:00-12:00	\$10	Sack Lunch	Mud Pie Studios	
June 21, 2017	10:00-12:00	\$10	Sack Lunch	AZ Family Taekwondo	
July 19, 2017	10:00-12:00	\$10	Sack Lunch	Ray's Pizza	

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: Walking

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.*****