

Camp Blue Wave Field Trip Permission Slip

Payment and permission form must be returned together to hold your spot.

I hereby give permission for my son/daughter _____ to participate in the Adventure Island Field Trip in Tampa, Florida.

Date: 7/5/2019

Time of departure: **8:30 am**

Means of transportation: **Bus**

Time of return: **5:30pm**

Cost per student: **\$20**

I understand the trip will be under the supervision of the Camp Blue Wave Staff. **No student will be allowed on the trip without this permission slip.** Parents are responsible for pick-up of their child if after regularly scheduled camp hours, within thirty minutes of return.

Signature of Parent or Guardian

Date

Phone#

In case of emergency every effort will be made to reach the names below.

Name of contact #1

Emergency Phone Number

Name of contact #2

Emergency Phone Number

To be detached by teacher and taken on the trip

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Please note any health concerns relative to this trip _____

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son/daughter if medical attention is needed. I understand that all necessary precautions will be taken by Camp Blue Wave and staff for the safety and welfare of my child and I will not hold the above party responsible in case of injury to my child.

Student Name

Signature of Parent or Guardian

Date

Phone Number

In case of emergency every effort will be made to reach the names below.

Name of contact #1

Emergency Phone Number

Name of contact #2

Emergency Phone Number
