



**2018 Sanford Day Camp
Field Trip Permission Slip**

I give permission for my child (print camper's name) _____ to participate in any field trip offered by Sanford Camps.

Medical Permission For Treatment

Whenever injury or emergency illness occurs to the Camper named on this permission slip while said child is under supervision of Sanford Day Camp personnel, every attempt will be made to notify parent or guardian immediately. However, if the parent or guardian is not available and it is felt that emergency treatment is indicated, the signatures below by the parent/guardian will allow the Camper to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions and to grant permission for Camper to travel on the field trip.

Parent/Guardian Signature: _____ Date: _____

Parent Phone Number: _____

→ Please supply the following information:

*Medical Conditions: _____

*Medications: _____

*Hospital Choice in Case of Emergency: _____

Emergency Contact if different than parent/guardian:

Name: _____ Phone: _____