



**2017 Sanford Day Camp
Field Trip Permission Slip**

Camper Name: _____

Field Trip Name: _____

Date of Trip: _____

Field Trip Coordinator: _____

Medical Permission For Treatment

Whenever injury or emergency illness occurs to student listed below while student 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.

I give permission for my son/daughter to participate in this Field Trip.

Parent/Guardian Signature: _____ Date: _____

Parent Phone Number: _____

➔ Please supply the following information, if applicable:

*Medical Conditions: _____

*Medications: _____

Emergency Contact:

Name: _____ Phone: _____

Hospital Choice in Case of Emergency: _____