

# Field Trip Medical Release

Dear Parents:

We are requesting you fill out this form only once so we can keep it on file for all summer camp field trips. We will send an informative flyer to prepare you for all summer camp field trips. If any of this information should change throughout the seven weeks of summer camp please contact the school office at (310) 475-4598.

Thank You

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

I understand that every attempt will be made to contact me in the event of illness or accident. If you are unable to contact me during an emergency, you are authorized to contact and, if necessary, release my child to:

\_\_\_\_\_  
(Name) (Address) (Home Phone) (Work Phone)

\_\_\_\_\_  
(Name) (Address) (Home Phone) (Work Phone)

\_\_\_\_\_  
(Physician) (Address) (Phone)

If the above cannot be contacted, my child may be treated by the paramedics and/or Emergency Room personnel: \_\_\_\_\_ Yes \_\_\_\_\_ No (Please check one)

\_\_\_\_\_  
(Signature of Parent) (Address)

\_\_\_\_\_  
(Home Phone) (Mother's Work Phone) (Father's Work Phone)

It being understood that he/she will be under the supervision of the Redeemer Summer Camp Staff who will exercise due care and precaution for the welfare of my child and that my son/daughter will travel to and from by way of chartered bus. I understand that student insurance will apply on these school sponsored journeys and I relieve the school board, the sponsoring church, and any of its officers, agents or employees of any liability beyond these precautions in connection with this permission slip.

I also understand that every attempt will be made to contact me in the event of illness or accident. Medical slips are on file in the school office.