

PERMISSION Slip

CAMPERS NAME _____

ENTERING GRADE _____ DOB _____

PARENT NAME _____

PERMISSION IS HEREBY GRANTED TO SUMMER FRIENDS DAY CAMP TO TAKE MY CHILD ON TRIPS OUTSIDE OF CAMP AS PART OF THE REGULAR CAMP PROGRAM. I UNDERSTAND THAT THIS INCLUDES WEEKLY SCHEDULED DAY TRIPS, AS WELL AS RAINY DAY TRIPS.

PARENT SIGNATURE X _____

IN THE EVENT THAT MYSELF OR MY EMERGENCY CONTACTS CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY. I HEREBY GRANT PERMISSION FOR SUMMER FRIENDS DAY CAMP TO BRING MY CHILD TO THE EMERGENCY ROOM OF RARITAN BAY HOSPITAL.

PARENT SIGNATURE X _____

I HEREBY GRANT PERMISSION FOR PHOTOGRAPHS TO BE TAKEN OF MY CHILD ON THE PREMISES OF SUMMER FRIENDS DAY CAMP. I UNDERSTAND THAT SUMMER FRIENDS HAS THE RIGHT TO UTILIZE THESE PHOTOGRAPHS IN CAMP BROCHURES OR DISPLAY PHOTOGRAPHY.

PARENT SIGNATURE X _____