**Elementary Field Trip Permission Form**

Dear Parent or Guardian:

In order to make less paperwork for our parents concerning our Field Trip Permission Form for Summer Day Camp, we are sending this one form that will cover the weekly field trips they will take. Please sign and return the form below indicating permission for your child to go on all the weekly field trips. There is a possibility a field trip may be planned outside of these each month that is not listed below that the children may go on during the summer. In those cases, a separate field trip form will be sent home with your child for you to sign. A schedule will be sent home closer to the summer break so that you will be aware of the scheduled trips.

Thank you,



Brittany Ennis

Childcare Director

**(Please return this portion of the Form by the date indicated above)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend a field trip to Rickwood Caverns (swimming), Bill Noble Park, Gardendale Civic Center, and Gardendale Public Library during the months of June and July 2025. I give my permission for my child to receive emergency medical treatment, if necessary. In the event of a medical emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has permission to travel to and from the above locations by school/church bus or van. I understand that the church/school will exercise all safety precautions for my child, and I agree to hold them harmless in the event of accident or medical emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date