



Permission Slip

Trip Date: _____

Counselor Name: _____

Camper (*child's name*) _____ has my
permission to go on (event description): _____

_____ with Solid Rock Day Camp.

He/She will be leaving _____ and returning at _____.

Please have your child bring _____

In case parents or guardians cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child.

My child is allergic or has the following medical issue: _____

Phone numbers where I can be reached during the hours of this trip:

Mother (Guardian) Phone: _____

Father (Guardian) Phone: _____

Other (specify): _____

Signature of Parent (Guardian): _____

Date: _____

NOTE: Your child must wear their Solid Rock Day Camp tee shirt for all off property trips.



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