

Town of Schodack Day Camp
FIELD TRIP NOTICE

Date July 15th, 2019

Dear Parent/Guardian:

Your child' Day Camp site has scheduled a field trip activity to

East Greenbush Bowling Center
(destination)

The group will be leaving at 9:45 a.m. p.m. on 7/23/19
(date)

and plans to return at 12:30 a.m. p.m. on 7/23/19
(date)

The trip is a camp activity which requires the consent of the parent or guardian. The group is going to be transported by means of camp transportation. Your child may not participate in this experience until this signed form is returned.

Please sign and return the form to your child's teacher by

Thursday, 7/18
(date)

(name of student - PLEASE PRINT)

(name of parent/guardian- PLEASE PRINT)

(SIGNATURE of parent/guardian)

Sincerely,

Kara Taylor
Site Director Principal

Town of Schodack Day Camp
MEDICAL TREATMENT RELEASE FORM

(PLEASE PRINT)

(NAME OF STUDENT)

is a participant in the Town of Schodack Day Camp attending the

East Greenbush Bowling center field trip
(DESTINATION)

on 7/23/19
(DATE)

In the event that I am unreachable during an emergency involving my child, I hereby give permission to the supervising director to act on my behalf and to authorize whatever medical procedures are deemed necessary to protect the health and safety of my child, until such time as I may be reached.

(NAME OF PARENT/GUARDIAN)

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Phone numbers: Home _____
Work _____
Cell _____
Beeper _____

Town of Schodack Day Camp
FIELD TRIP NOTICE

Date July 15th, 2019

Dear Parent/Guardian:

Your child's Day Camp site has scheduled a field trip activity to

Billy Beez
(destination)

The group will be leaving at 9:30 a.m. p.m. on 8/1/19
(date)

and plans to return at 1:30 a.m. p.m. on 8/1/19
(date)

The trip is a camp activity which requires the consent of the parent or guardian. The group is going to be transported by means of camp transportation. Your child may not participate in this experience until this signed form is returned.

Please sign and return the form to your child's teacher by

July 30th, 2019
(date)

(name of student - PLEASE PRINT)

(name of parent/guardian- PLEASE PRINT)

(SIGNATURE of parent/guardian)

Sincerely,

Kara Taylor
Site Director Principal

Town of Schodack Day Camp
MEDICAL TREATMENT RELEASE FORM

(PLEASE PRINT)

(NAME OF STUDENT)

is a participant in the Town of Schodack Day Camp attending the

Billy Beez _____ field trip
(DESTINATION)

on 8/1/19 _____
(DATE)

In the event that I am unreachable during an emergency involving my child, I hereby give permission to the supervising director to act on my behalf and to authorize whatever medical procedures are deemed necessary to protect the health and safety of my child, until such time as I may be reached.

(NAME OF PARENT/GUARDIAN)

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Phone numbers: Home _____
Work _____
Cell _____
Beeper _____