

Town of Schodack Day Camp
FIELD TRIP NOTICE

Date 7/15/19

Dear Parent/Guardian:

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

Regal Cinemas, East Greenbush
(destination)

The group will be leaving at 9:45 a.m. on 7/24/19
p.m. on (date)

and plans to return at 12 a.m. on 7/24/19
p.m. on (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

7/19/19
(date)

(name of student - PLEASE PRINT)

(name of parent/guardian- PLEASE PRINT) (SIGNATURE of parent/guardian)

Sincerely,
Alycia Brummer & Eric Biehl
Site Director

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

_____ Regal Cinemas @ EG _____ field trip
(DESTINATION)

on _____ 7/24/19 _____
(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 _____
~~Beep~~ _____

Town of Schodack Day Camp
FIELD TRIP NOTICE

Date 7/25/19

Dear Parent/Guardian:

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

Valley Cats
(destination)

The group will be leaving at 10¹⁵ a.m. on 8/1/19
p.m. on (date)

and plans to return at 130 a.m. on 8/1/19
p.m. on (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

~~8/29/19~~ 7/29/19
(date)

(name of student - PLEASE PRINT)

(name of parent/guardian- PLEASE PRINT) (SIGNATURE of parent/guardian)

Sincerely,

Alysia Brunner & Eric Biehl
Site Director

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

Valley Cats 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 _____
~~Emergency _____~~

Town of Schodack Day Camp
FIELD TRIP NOTICE

Date 7/12/19

*ice cream & snacks
will be available for
purchase*

Dear Parent/Guardian:

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

Guptill's Roller Skating
(destination)

The group will be leaving at 10 a.m. on 7/17/19
p.m. on (date)

and plans to return at 1:30 a.m. on 7/17/19
p.m. on (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

7/15/19
(date)

(name of student - PLEASE PRINT)

(name of parent/guardian- PLEASE PRINT) (SIGNATURE of parent/guardian)

Sincerely,

Alycia Brunner
Site Director

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

Guptill's Roller Skating
(DESTINATION)

field trip

on

7/17/19
(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 _____

~~Beep~~ _____

5/21/99